

## COVID-19 Vaccine, Testing and Testing-Related Services Codes

### COVID-19 and COVID-19-related Diagnosis Codes

*Updated September 13, 2022*

(COVID-19 vaccine, testing, and test-related procedure codes are billable for Uninsured Individuals with one or more of the diagnosis codes contained in this chart.)

ICD-10 Diagnosis Code	Code Description	Code Effective Date
<b>B34.2</b>	Coronavirus infection, unspecified	10/01/15
<b>B97.21</b>	SARS-associated coronavirus as the cause of diseases classified elsewhere	10/01/15
<b>J12.81</b>	Pneumonia due to SARS-associated coronavirus	10/01/15
<b>J12.89</b>	Other viral pneumonia	10/01/15
<b>J20.8</b>	Acute bronchitis due to other specified organisms	10/01/15
<b>J22</b>	Unspecified acute lower respiratory infection	10/01/15
<b>J40</b>	Bronchitis, not specified as acute or chronic	10/01/15
<b>J80</b>	Acute respiratory distress syndrome	10/01/15
<b>J98.8</b>	Other specified respiratory disorders	10/01/15
<b>R05</b>	Cough	10/01/15
<b>R05.1</b>	Acute cough	10/01/21
<b>R05.9</b>	Cough, unspecified	10/01/21
<b>R06.02</b>	Shortness of breath	10/01/15
<b>R50.9</b>	Fever, unspecified	10/01/15
<b>U07.1</b>	An emergency ICD-10 code of 'U07.1 COVID-19, virus identified' is assigned to a disease diagnosis of COVID-19 confirmed by laboratory testing.	04/01/21
<b>U09.9</b>	Post COVID-19 condition, unspecified	04/01/22
<b>Z03.818</b>	Concern about possible exposure, ruled out by evaluation- Z03.818 Encounter for observation for suspected exposure to other biological agents ruled out.	10/01/15
<b>Z11.52</b>	Encounter for screening for COVID-19	01/01/21

## MaineCare COVID-19 Billing Codes

<b>Z11.59</b>	Encounter for screening for other viral diseases	10/01/15
<b>Z20.822</b>	Contact with and (suspected) exposure to COVID-19	01/01/21
<b>Z20.828</b>	Exposure confirmed- Z20.828 Contact with and (suspected) exposure to other viral communicable diseases	10/01/15
<b>Z23</b>	Encounter for Immunization	10/01/15

**COVID-19 Vaccine Codes**

<b>CPT &amp; HCPC Codes</b>	<b>Revenue Codes</b>	<b>Code Description</b>	<b>MaineCare Effective Date</b>	<b>Uninsured Coverage Effective Date</b>	<b>MaineCare End Date</b>
91300	0636	Pfizer-BioNTech- Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3mL dosage, diluent reconstituted, for intramuscular use	12/11/20	03/11/21	
91301	0636	Moderna- Severe acute respiratory syndrome coronavirus 2 (SARS-CoV2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 100 mcg/0.5mL dosage, for intramuscular use	12/18/20	03/11/21	
91303	0636	Johnson and Johnson- Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, adenovirus type 26 (Ad26) vector, preservative free, 5x10 <sup>10</sup> viral particles/0.5mL dosage, for intramuscular use	02/27/21	03/11/21	04/12/21
91303	0636	Johnson and Johnson- Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, adenovirus type 26 (Ad26) vector, preservative free, 5x10 <sup>10</sup> viral particles/0.5mL dosage, for intramuscular use	02/27/21	04/23/21	

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91304	0636	Novavax- Severe acute respiratory syndrome coronavirus 2 (SARSCoV- 2) (coronavirus disease [COVID-19]) vaccine, recombinant spike protein nanoparticle, saponin-based	07/13/22	07/13/22	
91305	0636	Pfizer- Severe acute respiratory syndrome coronavirus 2 (SARS-CoV2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3 mL dosage, trissucrose formulation, for intramuscular use	01/03/22	01/03/22	
91306	0636	Moderna- Severe acute respiratory syndrome coronavirus 2 (SARS-CoV2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 50 mcg/0.25 mL dosage, for intramuscular use	10/20/21	10/20/21	08/31/22
91307	0636	Pfizer-BioNTech- Severe acute respiratory syndrome coronavirus 2 (SARS-CoV2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation, for intramuscular use	10/29/21	10/29/21	
91308	0636	Pfizer-BioNTech- Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 3 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation, for intramuscular use	06/17/22	06/17/22	
91309	0636	Moderna-Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 50 mcg/0.5 mL dosage, for intramuscular use	03/29/22	03/29/22	
91311	0636	Moderna- Severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 25 mcg/0.25 mL dosage, for intramuscular use	06/17/22	06/17/22	

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91312	0636	Pfizer-BioNTech- Severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, mRNALNP, bivalent spike protein, preservative free, 30 mcg/0.3 mL dosage, tris-sucrose formulation, for intramuscular use	08/31/22	08/31/22	
91313	0636	Moderna- Severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, mRNALNP, spike protein, bivalent, preservative free, 50 mcg/0.5 mL dosage, for intramuscular use	08/31/22	08/31/22	
0001A	0771	Pfizer-BioNTech- Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3mL dosage, diluent reconstituted; first dose	12/11/20	03/11/21	
0002A	0771	Pfizer-BioNTech- Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3mL dosage, diluent reconstituted; second dose	12/11/20	03/11/21	
0003A	0771	Pfizer-BioNTech- Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3 mL dosage, diluent reconstituted: third dose	08/12/21	08/12/21	
0004A	0771	Pfizer-BioNTech- Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3 mL dosage, diluent reconstituted: booster dose	9/22/21	9/22/21	08/31/22

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0011A	0771	Moderna- Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 100 mcg/0.5mL dosage; first dose	12/18/20	03/11/21	
0012A	0771	Moderna- Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 100 mcg/0.5mL dosage; second dose	12/18/20	03/11/21	
0013A	0771	Moderna- Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 100 mcg/0.5 mL dosage; third dose	08/12/21	08/12/21	
0031A	0771	Johnson and Johnson- Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, adenovirus type 26 (Ad26) vector, preservative free, 5x10 <sup>10</sup> viral particles/0.5mL dosage, single dose	02/27/21	03/11/21	04/12/21
0031A	0771	Johnson and Johnson- Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, adenovirus type 26 (Ad26) vector, preservative free, 5x10 <sup>10</sup> viral particles/0.5mL dosage, single dose	04/23/21	04/23/21	
0034A	0771	Johnson and Johnson- Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, adenovirus type 26 (Ad26) vector, preservative free, 5x10 <sup>10</sup> viral particles/0.5 mL dosage; booster dose	10/20/21	10/20/21	

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0041A	0771	Novavax- Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, preservative free, 5 mcg/0.5 mL dosage; first dose	07/13/22	07/13/22	
0042A	0771	Novavax- Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, preservative free, 5 mcg/0.5 mL dosage; second dose	07/13/22	07/13/22	
0051A	0771	Pfizer-BioNTech- Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3 mL dosage, tris-sucrose formulation; first dose	01/03/22	01/03/22	
0052A	0771	Pfizer-BioNTech- Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3 mL dosage, tris-sucrose formulation; second dose	01/03/22	01/03/22	
0053A	0771	Pfizer-BioNTech- Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3 mL dosage, tris-sucrose formulation; third dose	01/03/22	01/03/22	
0054A	0771	Pfizer-BioNTech- Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3 mL dosage, tris-sucrose formulation; booster dose	01/03/22	01/03/22	08/31/22

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0064A	0771	Moderna- Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 50 mcg/0.25 mL dosage, booster dose	10/20/21	10/20/21	08/31/22
0071A	0771	Pfizer-BioNTech- Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation: first dose	10/29/21	10/29/21	
0072A	0771	Pfizer-BioNTech- Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation: second dose	10/29/21	10/29/21	
0073A	0771	Pfizer-BioNTech- Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; third dose	01/03/22	01/03/22	
0074A	0771	Pfizer-BioNTech- Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARSCoV- 2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; booster dose	05/17/22	05/17/22	
0081A	0771	Pfizer-BioNTech- Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 3 mcg/0.2 mL	06/17/22	06/17/22	

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		dosage, diluent reconstituted, tris-sucrose formulation; first dose			
0082A	0771	Pfizer-BioNTech- Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 3 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; second dose	06/17/22	06/17/22	
0083A	0771	Pfizer-BioNTech- Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 3 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; third dose	06/17/22	06/17/22	
0091A	0771	Moderna- Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 50 mcg/0.5 mL dosage; first dose, when administered to individuals 6 through 11 years	06/17/22	06/17/22	
0092A	0771	Moderna- Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 50 mcg/0.5 mL dosage; second dose, when administered to individuals 6 through 11 years	06/17/22	06/17/22	
0093A	0771	Moderna- Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 50 mcg/0.5 mL dosage; third dose, when administered to individuals 6 through 11 years	06/17/22	06/17/22	



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0094A	0771	Moderna- Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 50 mcg/0.5 mL dosage, booster dose	03/29/22	03/29/22	08/31/22
0111A	0771	Moderna- Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 25 mcg/0.25 mL dosage; first dose	06/17/22	06/17/22	
0112A	0771	Moderna- Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 25 mcg/0.25 mL dosage; second dose	06/17/22	06/17/22	
0113A	0771	Moderna- Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 25 mcg/0.25 mL dosage; third dose	06/17/22	06/17/22	
0124A	0771	Pfizer-BioNTech- Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, bivalent spike protein, preservative free, 30 mcg/0.3 mL dosage, tris-sucrose formulation, booster dose	08/31/22	08/31/22	
0134A	0771	Moderna- Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, bivalent, preservative free, 50 mcg/0.5 mL dosage, booster dose	08/31/22	08/31/22	

## MaineCare COVID-19 Billing Codes

M0201	0771	Additional payment for administering the COVID-19 vaccine to certain Medicare patients in their homes.	08/24/21	08/24/21	
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**Testing and Testing Related Services Codes**

(COVID-19 testing codes are bold.)

<b>CPT &amp; HCPC Codes</b>	<b>Revenue Codes</b>	<b>Code Description</b>	<b>Code Effective Date</b>	<b>Uninsured Coverage Effective Date</b>	<b>Code End Date</b>
71045	0320, 0324	Radiologic examination, chest; single view	01/01/18	03/18/20	
71046	0320, 0324	Radiologic examination, chest; 2 views	01/01/18	03/18/20	
71250	0350, 0352, 0359	Computed tomography, thorax; without contrast material	01/01/79	03/18/20	
80047	0300, 0301, 0309	Basic metabolic panel (Calcium, ionized) This panel must include the following: Calcium, ionized (82330) Carbon dioxide (bicarbonate) (82374) Chloride (82435) Creatinine (82565) Glucose (82947) Potassium (84132) Sodium (84295) Urea Nitrogen (BUN) (84520)	01/01/08	03/18/20	
80076	0300, 0301, 0309	Hepatic function panel This panel must include the following: Albumin (82040) Bilirubin, total (82247) Bilirubin, direct (82248) Phosphatase, alkaline (84075) Protein, total (84155) Transferase, alanine amino (ALT) (SGPT) (84460) Transferase, aspartate amino (AST) (SGOT) (84450)	01/01/00	03/18/20	
82550	0300, 0301, 0309	Creatine kinase (CK), (CPK); total	01/01/79	03/18/20	
83615	0300, 0301, 0309	Lactate dehydrogenase (LD), (LDH);	01/01/79	03/18/20	
84145	0300, 0301, 0309	Procalcitonin (PCT)	01/01/10	03/18/20	
84478	0300, 0301, 0309	Triglycerides	01/01/79	03/18/20	
84484	0300, 0301, 0309	Troponin, quantitative	01/01/97	03/18/20	
85025	0300, 0305, 0309	Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count	01/01/87	03/18/20	
85347	0300, 0305, 0309	Coagulation time; activated	01/01/79	03/18/20	

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85379	0300, 0305, 0309	Fibrin degradation products, D-dimer; quantitative	01/01/93	03/18/20	
85384	0300, 0305, 0309	Fibrinogen; activity	01/01/93	03/18/20	
85390	0300, 0305, 0309	Fibrinolysins or coagulopathy screen, interpretation and report	01/01/79	03/18/20	
85576	0300, 0305, 0309	Platelet, aggregation (in vitro), each agent	01/01/79	03/18/20	
85610	0300, 0305, 0309	Prothrombin time;	01/01/79	03/18/20	
86141	0300, 0302, 0309	C-reactive protein; high sensitivity (hsCRP)	01/01/02	03/18/20	
86318	0300, 0302, 0309	Immunoassay for infectious agent antibody(ies), qualitative or semiquantitative, single step method (eg, reagent strip);	01/01/89	03/18/20	
<b>86328</b>	0300, 0302, 0309	Immunoassay for infectious agent antibody(ies), qualitative or semiquantitative, single step method (eg, reagent strip); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19])	04/10/20	04/10/20	
<b>86408</b>	0302, 0310	Neutralizing antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]); screen	08/10/20	08/10/20	
<b>86409</b>	0302, 0310	Neutralizing antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]); titer	08/10/20	08/10/20	
<b>86413</b>	0302, 0310	Severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (Coronavirus disease [COVID-19]) antibody, quantitative	09/08/20	09/08/20	
86602	0300, 0302, 0309	Antibody; actinomyces	01/01/93	03/18/20	
86710	0300, 0302, 0309	Antibody; influenza virus	01/01/93	03/18/20	
<b>86769</b>	0300, 0302, 0309	Antibody; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19])	04/10/20	04/10/20	
<b>87426</b>	0300, 0306, 0309	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; severe acute respiratory syndrome coronavirus (eg, SARS-CoV, SARS-CoV-2 [COVID-19])	06/25/20	06/25/20	

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<b>87428</b>	0310	[Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; severe acute respiratory syndrome coronavirus (eg, SARS-CoV, SARS-CoV-2 [COVID-19]) and influenza virus types A and B].	10/06/20	10/06/20	
87502	0300, 0306, 0309	Infectious agent detection by nucleic acid (DNA or RNA); influenza virus, for multiple types or sub-types, includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, first 2 types or sub-types	01/01/11	03/18/20	
<b>87635</b>	0310	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), amplified probe technique	03/13/20	03/18/20	
<b>87636</b>	0310	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) and influenza virus types A and B, multiplex amplified probe technique	10/06/20	10/06/20	
<b>87637</b>	0310	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), influenza virus types A and B, and respiratory syncytial virus, multiplex amplified probe technique	10/06/20	10/06/20	
<b>87811</b>	0310	Updated Descriptor 10/06/2020: Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19])	10/06/20	10/06/20	
93000	0730	Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report	01/01/79	03/18/20	
93005	0730	Electrocardiogram, routine ECG with at least 12 leads; tracing only, without interpretation and report	01/01/79	03/18/20	
93224	0731	External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation by a physician or other qualified health care professional	01/01/90	03/18/20	
93225	0730, 0731	External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; recording (includes connection, recording, and disconnection)	01/01/90	03/18/20	
93226	0730, 0731	External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; scanning analysis with report	01/01/90	03/18/20	

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93227	0521, 0731, 0985,	External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; review and interpretation by a physician or other qualified health care professional	01/01/90	03/18/20	
93228	0985	External mobile cardiovascular telemetry with electrocardiographic recording, concurrent computerized real time data analysis and greater than 24 hours of accessible ECG data storage (retrievable with query) with ECG triggered and patient selected events transmitted to a remote attended surveillance center for up to 30 days; review and interpretation with report by a physician or other qualified health care professional	01/01/09	03/18/20	
93229	0732	External mobile cardiovascular telemetry with electrocardiographic recording, concurrent computerized real time data analysis and greater than 24 hours of accessible ECG data storage (retrievable with query) with ECG triggered and patient selected events transmitted to a remote attended surveillance center for up to 30 days; technical support for connection and patient instructions for use, attended surveillance, analysis and transmission of daily and emergent data reports as prescribed by a physician or other qualified health care professional	01/01/09	03/18/20	
98966	0450, 0459, 0520, 0529, 0960	Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion	01/01/08	03/18/20	
98967	0450, 0459, 0520, 0529, 0960	Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion	01/01/08	03/18/20	
98968	0450, 0459, 0520, 0529, 0960	Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion	01/01/08	03/18/20	
98970	0450, 0459, 0520, 0529	Qualified nonphysician health care professional online digital assessment and management, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes	01/01/21	01/01/21	

## MaineCare COVID-19 Billing Codes

98971	0450, 0459, 0520, 0529	Qualified nonphysician health care professional online digital assessment and management, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes	01/01/21	01/01/21	
98972	0450, 0459, 0520, 0529	Qualified nonphysician health care professional online digital assessment and management, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes	01/01/21	01/01/21	
99000	0300	Handling and/or conveyance of specimen for transfer from the office to a laboratory	01/01/79	03/18/20	
99201	0456, 0510, 0511, 0512, 0513, 0514, 0515, 0516, 0517, 0519, 0520, 0521, 0526, 0528, 0529, 0982	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: a problem focused history; a problem focused examination; straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self-limited or minor. typically, 10 minutes are spent face-to-face with the patient and/or family.	04/01/16	03/18/20	12/31/20
99202	0456, 0510, 0511, 0512, 0513, 0514, 0515, 0516, 0517, 0519, 0520, 0521, 0526, 0528, 0529, 0982	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 15-29 minutes of total time is spent on the date of the encounter.	01/01/92	03/18/20	
99203	0456, 0510, 0511, 0512, 0513, 0514, 0515, 0516, 0517, 0519, 0520, 0521, 0526, 0528, 0529, 0982	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using time for code selection, 30-44 minutes of total time is spent on the date of the encounter.	01/01/92	03/18/20	

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99204	0456, 0510, 0511, 0512, 0513, 0514, 0515, 0516, 0517, 0519, 0520, 0521, 0526, 0528, 0529, 0982	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, 45-59 minutes of total time is spent on the date of the encounter.	01/01/92	03/18/20	
99205	0456, 0510, 0511, 0512, 0513, 0514, 0515, 0516, 0517, 0519, 0520, 0521, 0526, 0528, 0529, 0982	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using time for code selection, 60-74 minutes of total time is spent on the date of the encounter.	01/01/92	03/18/20	
99211	0456, 0510, 0511, 0512, 0513, 0514, 0515, 0516, 0517, 0519, 0520, 0521, 0526, 0528, 0529, 0982	Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal.	01/01/92	03/18/20	
99212	0456, 0510, 0511, 0512, 0513, 0514, 0515, 0516, 0517, 0519, 0520, 0521, 0526, 0528, 0529, 0982	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 10-19 minutes of total time is spent on the date of the encounter.	01/01/92	03/18/20	

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99213	0456, 0510, 0511, 0512, 0513, 0514, 0515, 0516, 0517, 0519, 0520, 0521, 0526, 0528, 0529, 0982	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using time for code selection, 20-29 minutes of total time is spent on the date of the encounter.	01/01/92	03/18/20	
99214	0456, 0510, 0511, 0512, 0513, 0514, 0515, 0516, 0517, 0519, 0520, 0521, 0526, 0528, 0529, 0982	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, 30-39 minutes of total time is spent on the date of the encounter.	01/01/92	03/18/20	
99215	0456, 0510, 0511, 0512, 0513, 0514, 0515, 0516, 0517, 0519, 0520, 0521, 0526, 0528, 0529, 0982	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using time for code selection, 40-54 minutes of total time is spent on the date of the encounter.	01/01/92	03/18/20	
99217	0762, 0982	Observation care discharge day management (This code is to be utilized to report all services provided to a patient on discharge from outpatient hospital "observation status" if the discharge is on other than the initial date of "observation status." To report services to a patient designated as "observation status" or "inpatient status" and discharged on the same date, use the codes for Observation or Inpatient Care Services	01/01/94	03/18/20	



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99218	0762, 0982	Initial observation care, per day, for the evaluation and management of a patient which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission to outpatient hospital "observation status" are of low severity. Typically, 30 minutes are spent at the bedside and on the patient's hospital floor or unit.	01/01/93	03/18/20	
99219	0762, 0982	Initial observation care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission to outpatient hospital "observation status" are of moderate severity. Typically, 50 minutes are spent at the bedside and on the patient's hospital floor or unit.	01/01/93	03/18/20	
99220	0762, 0982	Initial observation care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission to outpatient hospital "observation status" are of high severity. Typically, 70 minutes are spent at the bedside and on the patient's hospital floor or unit.	01/01/93	03/18/20	
99221	0657, 0987	Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of low severity. Typically, 30 minutes are spent at the bedside and on the patient's hospital floor or unit.	01/01/92	03/18/20	

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99222	0657, 0987	Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of moderate severity. Typically, 50 minutes are spent at the bedside and on the patient's hospital floor or unit.	01/01/92	03/18/20	
99223	0657, 0987	Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of high severity. Typically, 70 minutes are spent at the bedside and on the patient's hospital floor or unit.	01/01/92	03/18/20	
99224	0982, 0987	Subsequent observation care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: Problem focused interval history; Problem focused examination; Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering, or improving. Typically, 15 minutes are spent at the bedside and on the patient's hospital floor or unit.	01/01/11	03/18/20	
99225	0982, 0987	Subsequent observation care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is responding inadequately to therapy or has developed a minor complication. Typically, 25 minutes are spent at the bedside and on the patient's hospital floor or unit.	01/01/11	03/18/20	

99226	0982, 0987	Subsequent observation care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant complication or a significant new problem. Typically, 35 minutes are spent at the bedside and on the patient's hospital floor or unit.	01/01/11	03/18/20	
99231	0657, 0987	Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A problem focused interval history; A problem focused examination; Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering or improving. Typically, 15 minutes are spent at the bedside and on the patient's hospital floor or unit.	01/01/92	03/18/20	
99232	0657, 0987	Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is responding inadequately to therapy or has developed a minor complication. Typically, 25 minutes are spent at the bedside and on the patient's hospital floor or unit.	01/01/92	03/18/20	
99233	0657, 0987	Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant complication or a significant new problem. Typically, 35 minutes are spent at the bedside and on the patient's hospital floor or unit.	01/01/92	03/18/20	

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99281	0450, 0451, 0452, 0456, 0459, 0981	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self-limited or minor.	01/01/92	03/18/20	
99282	0450, 0451, 0452, 0456, 0459, 0981	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity.	01/01/92	03/18/20	
99283	0450, 0451, 0452, 0456, 0459, 0981	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity.	01/01/92	03/18/20	
99284	0450, 0451, 0452, 0456, 0459, 0981	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity, and require urgent evaluation by the physician, or other qualified health care professionals but do not pose an immediate significant threat to life or physiologic function.	01/01/92	03/18/20	

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99285	0450, 0451, 0452, 0456, 0459, 0981	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components within the constraints imposed by the urgency of the patient's clinical condition and/or mental status: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity and pose an immediate significant threat to life or physiologic function.	01/01/92	03/18/20	
99291	0360, 0361, 0450, 0452, 0456, 0459, 0510, 0512, 0513, 0514, 0515, 0516, 0517, 0519, 0520, 0526, 0529, 0681, 0682	Critical care, evaluation and management of the critically ill or critically injured patient; first 30-74 minutes	01/01/92	03/18/20	
99292	0360, 0361, 0450, 0452, 0456, 0459, 0510, 0512, 0513, 0514, 0515, 0516, 0517, 0519, 0520, 0526, 0529, 0681, 0682	Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes (List separately in addition to code for primary service)	01/01/92	03/18/20	
99324	0522, 0525, 0527, 0657, 0969	Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. Typically, 20 minutes are spent with the patient and/or family or caregiver.	01/01/06	03/18/20	

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99325	0522, 0525, 0527, 0657, 0969	Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 30 minutes are spent with the patient and/or family or caregiver.	01/01/06	03/18/20	
99326	0522, 0525, 0527, 0657, 0969	Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 45 minutes are spent with the patient and/or family or caregiver.	01/01/06	03/18/20	
99327	0522, 0525, 0527, 0657, 0969	Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity. Typically, 60 minutes are spent with the patient and/or family or caregiver.	01/01/06	03/18/20	
99328	0522, 0525, 0527, 0657, 0969	Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant new problem requiring immediate physician attention. Typically, 75 minutes are spent with the patient and/or family or caregiver.	01/01/06	03/18/20	

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99334	0522, 0525, 0527, 0657, 0969	Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused interval history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self-limited or minor. Typically, 15 minutes are spent with the patient and/or family or caregiver.	01/01/06	03/18/20	
99335	0522, 0525, 0527, 0657, 0969	Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 25 minutes are spent with the patient and/or family or caregiver.	01/01/06	03/18/20	
99336	0522, 0525, 0527, 0657, 0969	Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 40 minutes are spent with the patient and/or family or caregiver.	01/01/06	03/18/20	
99337	0522, 0525, 0527, 0657, 0969	Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive interval history; A comprehensive examination; Medical decision making of moderate to high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. The patient may be unstable or may have developed a significant new problem requiring immediate physician attention. Typically, 60 minutes are spent with the patient and/or family or caregiver.	01/01/06	03/18/20	

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99341	0522, 0527, 0657, 0969	Home visit for the evaluation and management of a new patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. Typically, 20 minutes are spent face-to-face with the patient and/or family.	01/01/92	03/18/20	
99342	0522, 0527, 0657, 0969	Home visit for the evaluation and management of a new patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 30 minutes are spent face-to-face with the patient and/or family.	01/01/92	03/18/20	
99343	0522, 0527, 0657, 0969	Home visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 45 minutes are spent face-to-face with the patient and/or family.	01/01/92	03/18/20	
99344	0522, 0527, 0657, 0969	Home visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity. Typically, 60 minutes are spent face-to-face with the patient and/or family.	01/01/98	03/18/20	



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99345	0522, 0527, 0657, 0969	Home visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant new problem requiring immediate physician attention. Typically, 75 minutes are spent face-to-face with the patient and/or family.	01/01/98	03/18/20	
99347	0522, 0527, 0657, 0969	Home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused interval history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self-limited or minor. Typically, 15 minutes are spent face-to-face with the patient and/or family.	01/01/98	03/18/20	
99348	0522, 0527, 0657, 0969	Home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 25 minutes are spent face-to-face with the patient and/or family.	01/01/98	03/18/20	
99349	0522, 0527, 0657, 0969	Home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are moderate to high severity. Typically, 40 minutes are spent face-to-face with the patient and/or family.	01/01/98	03/18/20	

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99350	0522, 0527, 0657, 0969	Home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive interval history; A comprehensive examination; Medical decision making of moderate to high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. The patient may be unstable or may have developed a significant new problem requiring immediate physician attention. Typically, 60 minutes are spent face-to-face with the patient and/or family.	01/01/98	03/18/20	
99367	0450, 0510, 0511, 0512, 0513, 0514, 0515, 0516, 0517, 0519, 0520, 0526	Medical team conference with interdisciplinary team of health care professionals, patient and/or family not present, 30 minutes or more; participation by physician	01/01/08	03/18/20	
99421	0982	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5–10 minutes	01/01/20	03/18/20	
99422	0982	Online digital evaluation and management service, for an established patient, for up to 7 days cumulative time during the 7 days; 11– 20 minutes	01/01/08	03/18/20	
99423	0982	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes	01/01/20	03/18/20	
99441	0780, 0960, 0969, 0981, 0982, 0983, 0987	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion	01/01/08	03/18/20	
99442	0780, 0960, 0969, 0981, 0982, 0983, 0987, 0988	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion	01/01/08	03/18/20	

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99443	0780, 0960, 0969, 0981, 0982, 0983, 0987, 0988	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion	01/01/15	03/18/20	
99499	0510, 0520, 0657, 0982, 0987	Unlisted evaluation and management service	01/01/92	03/18/20	
<b>0202U</b>	0310	Infectious disease (bacterial or viral respiratory tract infection), pathogen-specific nucleic acid (DNA or RNA), 22 targets including severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), qualitative RT-PCR, nasopharyngeal swab, each pathogen reported as detected or not detected	05/20/20	05/20/20	
<b>0223U</b>	0310	Infectious disease (bacterial or viral respiratory tract infection), pathogen-specific nucleic acid (DNA or RNA), 22 targets including severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), qualitative RT-PCR, nasopharyngeal swab, each pathogen reported as detected or not detected	06/25/20	06/25/20	
<b>0224U</b>	0310	Antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), includes titer(s), when performed	06/25/20	06/25/20	
<b>0225U</b>	0310	Infectious disease (bacterial or viral respiratory tract infection) pathogen-specific DNA and RNA, 21 targets, including severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), amplified probe technique, including multiplex reverse transcription for RNA targets, each analyte reported as detected or not detected	08/10/20	08/10/20	
<b>0226U</b>	0310	Surrogate viral neutralization test (sVNT), severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), ELISA, plasma, serum	08/10/20	08/10/20	
<b>0240U</b>	0310	Infectious disease (viral respiratory tract infection), pathogen-specific RNA, 3 targets (severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2], influenza A, influenza B), upper respiratory specimen, each pathogen reported as detected or not detected	10/06/20	10/06/20	
<b>0241U</b>	0310	Infectious disease (viral respiratory tract infection), pathogen-specific RNA, 4 targets (severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2], influenza A, influenza B, respiratory syncytial virus [RSV]), upper respiratory specimen, each pathogen reported as detected or not detected	10/06/20	10/06/20	

## MaineCare COVID-19 Billing Codes

C9803	0300	Hospital outpatient clinic visit specimen collection for severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]), any specimen source, is effective for services provided on or after March 1, 2020	03/01/20	03/01/20	
G0071	0529	Payment for communication technology-based services for 5 minutes or more of a virtual (non-face-to-face) communication between an rural health clinic (RHC) or federally qualified health center (FQHC) practitioner and RHC or FQHC patient, or 5 minutes or more of remote evaluation of recorded video and/or images by an RHC or FQHC practitioner, occurring in lieu of an office visit; RHC or FQHC only	01/01/19	03/18/20	
G0463	0456, 0510, 0511, 0512, 0513, 0514, 0515, 0516, 0517, 0519, 0520, 0526, 0529	Hospital outpatient clinic visit for assessment and management of a patient; This is the code that hospitals use instead of E&M codes 99211 - 99215	01/01/14	03/18/20	
G2010	0988	Remote evaluation of recorded video and/or images submitted by an established patient (e.g., store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment	01/01/19	03/18/20	12/31/20
G2012	0988	Brief communication technology-based service, e.g., virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion	01/01/19	03/18/20	12/31/20
G2023	0361, 0450, 0510, 0519, 0521, 0761	Specimen collection for Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), any specimen source	03/01/20	03/18/20	
G2024	0361, 0450, 0510, 0519, 0521, 0761	Specimen collection for Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) from an individual in a SNF or by a laboratory on behalf of a HHA, any specimen source	03/01/20	03/18/20	
G2061	0969	Qualified non-physician healthcare professional online assessment and management, for an established patient, for up to seven days, cumulative time during the 7 days; 5–10 minutes	01/01/20	03/18/20	12/31/20

## MaineCare COVID-19 Billing Codes

G2062	0969	Qualified non-physician healthcare professional online assessment and management service, for an established patient, for up to seven days, cumulative time during the 7 days; 11–20 minutes	01/01/20	03/18/20	12/31/20
G2063	0969	Qualified non-physician qualified healthcare professional assessment and management service, for an established patient, for up to seven days, cumulative time during the 7 days; 21 or more minutes	01/01/20	03/18/20	12/31/20
G2250	0960, 0982, 0983, 0988	Remote assessment of recorded video and/or images submitted by an established patient (e.g., store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related service provided within the previous 7 days nor leading to a service or procedure within the next 24 hours or soonest available appointment	01/01/21	01/01/21	
G2251	0960, 0982, 0983, 0988	Brief communication technology-based service, e.g. virtual check-in, by a qualified health care professional who cannot report evaluation and management services, provided to an established patient, not originating from a related service provided within the previous 7 days nor leading to a service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of clinical discussion	01/01/21	01/01/21	
T1015	0521	Clinic visit/encounter, all-inclusive	01/01/02	03/18/20	
U0002	0300, 0310	The 2019-Novel Coronavirus (2019-nCoV or COVID-19) Real-Time RT-PCR Diagnostic Panel is a molecular in vitro diagnostic test intended for presumptive qualitative detection of nucleic acid from COVID-19 in both upper and lower respiratory tract specimens (e.g., naso- or oropharyngeal swabs, sputum, aspirates, etc.) collected from patients that meet Centers for Disease Control and Prevention (CDC) testing criteria.	02/04/20	03/18/20	
U0003	0300, 0310	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), amplified probe technique, making use of high throughput technologies as described by CMS-2020-01-R.	04/14/20	04/14/20	
U0004	0300, 0310	2019-nCoV Coronavirus, SARS-CoV-2/2019-nCoV (COVID-19), any technique, multiple types or subtypes (includes all targets), non-CDC, making use of high throughput technologies as described by CMS-2020-01-R.	04/14/20	04/14/20	
U0005	0306, 0310	Infectious agent detection by nucleic acid (DNA or RNA); Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), amplified probe technique, CDC or non-CDC, making use of high throughput technologies, completed within 2 calendar days from date of specimen collection (list separately in addition to either HCPCS code U0003 or U0004) as described by CMS-2020-01-R2	01/01/21	01/01/21	



## COVID-19 Treatment Codes

### COVID-19 Diagnosis Codes

(COVID-19 treatment procedure codes are billable for Uninsured Individuals with one or more of the diagnosis codes contained in this chart.)

ICD-10 Diagnosis Code	Code Description	Code Effective Date
U07.1	COVID-19; Use additional code to identify pneumonia or other manifestations	04/01/20
U09.9	Post COVID-19 condition, unspecified	04/01/22
J12.81	pneumonia due to SARS-associated coronavirus	10/01/15
J12.82	Pneumonia due to coronavirus disease 2019; "Pneumonia due to 2019 novel coronavirus (SARS-CoV-2); Pneumonia due to COVID-19"; Code first COVID-19 (U07.1)	01/01/21
Z86.16	Personal history of COVID-19	01/01/21

### COVID-19 Monoclonal Antibody Treatment

Code	Revenue Codes	Code Description	MaineCare Effective Date(s)	Uninsured Coverage Effective Date
<b>Eli Lilly EUA Monoclonal Antibody COVID-19 Infusion Treatment</b>				
Q0239	0636	Injection, bamlanivimab-xxxx, 700 mg	11/10/21- 04/16/21*	03/11/21 - 04/16/21*
M0239	0260, 0771	Intravenous infusion, bamlanivimab-xxxx, includes infusion and post administration monitoring	11/10/21- 04/16/21*	03/11/21 - 04/16/21*
Q0245	0636	Injection, bamlanivimab and etesevimab, 2100 mg	02/09/21- 01/24/22**	03/11/21- 01/24/22**
M0245	0260, 0771	Intravenous infusion, bamlanivimab and etesevimab, includes infusion and post administration monitoring	02/09/21- 01/24/22**	03/11/21- 01/24/22**
M0246	0260, 0361, 0450, 0510, 0511, 0514, 0515, 0516, 0517, 0519, 0520, 0523, 0526, 0529, 0920, 0940,	Intravenous infusion, bamlanivimab and etesevimab, includes infusion and post administration monitoring in the home or residence; this includes a beneficiary's home that has been made provider-based to the hospital during the covid-19 public health emergency.	05/06/21- 01/24/22**	05/06/21- 01/24/22**
Q0222	0636	Injection, bebtelovimab, 175 mg	02/11/22	[02/11/22]

## MaineCare COVID-19 Billing Codes

M0222	0260, 0771	Intravenous injection, bebtelovimab, includes injection and post administration monitoring	02/11/22	[02/11/22]
M0223	0260, 0771	Intravenous injection, bebtelovimab, includes injection and post administration monitoring in the home or residence; this includes a beneficiary's home that has been made provider-based to the hospital during the covid-19 public health emergency	02/11/22	[02/11/22]
<b>Regeneron EUA Monoclonal Antibody COVID-19 Infusion Treatment</b>				
Q0240	0636	Injection, casirivimab and imdevimab, 600 mg	7/30/2021-01/24/22**	07/30/21-01/24/22**
Q0243	0636	Injection, casirivimab and imdevimab, 2400 mg	11/21/20-01/24/22**	03/11/21-01/24/22**
Q0244	0636	Injection, casirivimab and imdevimab, 1200 mg	06/03/21-01/24/22**	06/03/21-01/24/22**
M0240	0260, 0636	Intravenous infusion or subcutaneous injection, casirivimab and imdevimab includes infusion or injection, and post administration monitoring, subsequent repeat doses	07/30/21-01/24/22**	07/30/21-01/24/22**
M0241	0260, 0636	Intravenous infusion or subcutaneous injection, casirivimab and imdevimab includes infusion or injection, and post administration monitoring in the home or residence, this includes a beneficiary's home that has been made provider-based to the hospital during the covid-19 public health emergency, subsequent repeat doses	07/30/21-01/24/22**	07/30/21-01/24/22**
M0243	0260, 0771	Intravenous infusion, casirivimab and imdevimab includes infusion and post administration monitoring	11/21/20-01/24/22**	03/11/21-01/24/22**
M0244	0260, 0361, 0450, 0510, 0511, 0514, 0515, 0516, 0517, 0519, 0520, 0523, 0526, 0529, 0920, 0940,	Intravenous infusion, casirivimab and imdevimab includes infusion and post administration monitoring in the home or residence; this includes a beneficiary's home that has been made provider-based to the hospital during the covid-19 public health emergency.	05/06/21-01/24/22**	05/06/21-01/24/22**
<b>GlaxoSmithKline EUA Monoclonal Antibody COVID-19 Infusion Treatment</b>				
Q0247	0636	Injection, sotrovimab, 500 mg	05/26/21-02/25/22**	05/26/21-02/25/22**
M0247	0260	Intravenous infusion, sotrovimab, includes infusion and post administration monitoring	05/26/21-02/25/22**	05/26/21-02/25/22**
M0248	0260	Intravenous infusion, sotrovimab, includes infusion and post administration monitoring in the home or residence; this includes a beneficiary's home that	05/26/21-02/25/22**	05/26/21-02/25/22**



		has been made provider-based to the hospital during the covid-19 public health emergency		
<b>Genentech EUA Monoclonal Antibody COVID-19 Infusion Treatment</b>				
Q0249	0636	Injection, tocilizumab, for hospitalized adults and pediatric patients (2 years of age and older) with covid-19 who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ECMO) only, 1 mg	06/24/21	06/24/21
M0249	0260	Intravenous infusion, tocilizumab, for hospitalized adults and pediatric patients (2 years of age and older) with covid-19 who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ECMO) only, includes infusion and post administration monitoring, first dose	06/24/21	06/24/21
M0250	0260	Intravenous infusion, tocilizumab, for hospitalized adults and pediatric patients (2 years of age and older) with covid-19 who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ECMO) only, includes infusion and post administration monitoring, second dose	06/24/21	06/24/21
<b>AstraZeneca EUA Monoclonal Antibody COVID-19 Infusion Treatment</b>				
Q0220	0636	Tixagev and cilgav, 300 mg	12/08/21	12/08/21
M0220	0771	Injection, tixagevimab and cilgavimab, for the pre-exposure prophylaxis only, for certain adults and pediatric individuals (12 years of age and older weighing at least 40kg) with no known sars-cov-2 exposure, who either have moderate to severely compromised immune systems or for whom vaccination with any available covid-19 vaccine is not recommended due to a history of severe adverse reaction to a covid-19 vaccine(s) and/or covid-19 vaccine component(s), includes injection and post administration monitoring	12/08/21	12/08/21
M0221	0771	Injection, tixagevimab and cilgavimab, for the pre-exposure prophylaxis only, for certain adults and pediatric individuals (12 years of age and older weighing at least 40kg) with no known sars-cov-2 exposure, who either have moderate to severely compromised immune systems or for whom vaccination with any available covid-19 vaccine is not recommended due to a history of severe adverse reaction to a covid-19 vaccine(s) and/or covid-19 vaccine component(s), includes injection and post administration monitoring in the home or residence; this includes a beneficiary's home that has been made provider-based to the hospital during the covid-19 public health emergency	12/08/2021	12/08/2021

\*Effective dates ended with the [FDA's revocation](#) of the EUA for monoclonal antibody treatment with bamlanivimab alone.

\*\*Effective dates ended with the [FDA's ending of the EUA](#) for this monoclonal antibody treatment nationally or regionally.

[ ] Coverage limited to Government Supply

### COVID-19 Treatment Covered Services for Uninsured Individuals

CPT & HCPC Codes	Revenue Codes	Code Description	Uninsured Benefit Code Effective Date	MaineCare End Date
00326	0370, 0963, 0964	Anesthesia for all procedures on the larynx and trachea in children younger than 1 year of age	03/11/21	
00520	0370, 0963, 0964	Anesthesia for closed chest procedures; (including bronchoscopy) not otherwise specified	03/11/21	
00524	0370, 0963, 0964	Anesthesia for closed chest procedures; pneumocentesis	03/11/21	
00529	0370, 0963, 0964	Anesthesia for closed chest procedures; mediastinoscopy and diagnostic thoracoscopy utilizing 1 lung ventilation	03/11/21	
00532	0370, 0963, 0964	Anesthesia for access to central venous circulation	03/11/21	
00540	0370, 0963, 0964	Anesthesia for thoracotomy procedures involving lungs, pleura, diaphragm, and mediastinum (including surgical thoracoscopy); not otherwise specified	03/11/21	
01922	0370, 0963, 0964	Anesthesia for non-invasive imaging or radiation therapy	03/11/21	
10160	0360, 0361, 0450, 0490, 0510, 0514, 0515, 0516, 0517, 0519, 0520, 0521, 0529	Puncture aspiration of abscess, hematoma, bulla, or cyst	03/11/21	
31500	0360, 0361, 0410, 0412, 0419, 0450, 0490, 0510, 0514, 0515, 0516, 0517, 0519, 0761	Intubation, endotracheal, emergency procedure	03/11/21	
31502	0360, 0361, 0410, 0412, 0419, 0450, 0490, 0510, 0514, 0515, 0516, 0517, 0519, 0761	Tracheotomy tube change prior to establishment of fistula tract	03/11/21	
31505	0360, 0361, 0450, 0490, 0510, 0516, 0517, 0519, 0761	Laryngoscopy, indirect; diagnostic (separate procedure)	03/11/21	

## MaineCare COVID-19 Billing Codes

31525	0360, 0361, 0450, 0490, 0510, 0516, 0517, 0519, 0761	Laryngoscopy direct, with or without tracheoscopy; diagnostic, except newborn	03/11/21	
31526	0360, 0361, 0450, 0490, 0510, 0516, 0517, 0519, 0761	Laryngoscopy direct, with or without tracheoscopy; diagnostic, with operating microscope or telescope	03/11/21	
31527	0360, 0361, 0450, 0490, 0510, 0516, 0517, 0519, 0761	Laryngoscopy direct, with or without tracheoscopy; with insertion of obturator	03/11/21	
31528	0360, 0361, 0450, 0490, 0510, 0516, 0517, 0519, 0761	Laryngoscopy direct, with or without tracheoscopy; with dilation, initial	03/11/21	
31529	0360, 0361, 0450, 0490, 0510, 0516, 0517, 0519, 0761	Laryngoscopy direct, with or without tracheoscopy; with dilation, subsequent	03/11/21	
31535	0360, 0361, 0450, 0490, 0510, 0516, 0517, 0519, 0761	Laryngoscopy, direct, operative, with biopsy	03/11/21	
31600	0360, 0361, 0450, 0490, 0510, 0516, 0517, 0519, 0761	Tracheostomy, planned (separate procedure)	03/11/21	
31601	0360, 0361, 0450, 0490, 0510, 0516, 0517, 0519, 0761	Tracheostomy, planned (separate procedure); younger than 2 years	03/11/21	
31603	0360, 0361, 0450, 0490, 0510, 0516, 0517, 0519, 0761	Tracheostomy, emergency procedure; transtracheal	03/11/21	
31605	0360, 0361, 0450, 0490, 0510, 0516, 0517, 0519, 0761	Tracheostomy, emergency procedure; cricothyroid membrane	03/11/21	
31720	0360, 0361, 0450, 0490, 0510, 0519, 0761	Catheter aspiration (separate procedure); nasotracheal	03/11/21	
31725	0360	Catheter aspiration (separate procedure); tracheobronchial with fiberscope, bedside	03/11/21	
31730	0360, 0361, 0450, 0490, 0510, 0516, 0517, 0519, 0761	Transtracheal (percutaneous) introduction of needle wire dilator/stent or indwelling tube for oxygen therapy	03/11/21	

## MaineCare COVID-19 Billing Codes

33946	0360	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; initiation, veno-venous	03/11/21	
33947	0360	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; initiation, veno-arterial	03/11/21	
33948	0360	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; daily management, each day, veno-venous	03/11/21	
33949	0360	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; daily management, each day, veno-arterial	03/11/21	
33951	0360	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age (includes fluoroscopic guidance, when performed)	03/11/21	
33952	0360	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older (includes fluoroscopic guidance, when performed)	03/11/21	
33953	0360	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age	03/11/21	
33954	0360	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), open, 6 years and older	03/11/21	
33955	0360	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of central cannula(e) by sternotomy or thoracotomy, birth through 5 years of age	03/11/21	
33956	0360	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of central cannula(e) by sternotomy or thoracotomy, 6 years and older	03/11/21	
33988	0360	Insertion of left heart vent by thoracic incision (eg, sternotomy, thoracotomy) for ECMO/ECLS	03/11/21	
36014	0320, 0329, 0340, 0341, 0342, 0349, 0350, 0352, 0359, 0360, 0361, 0409, 0450, 0490, 0510, 0514, 0515, 0516, 0517, 0519	Selective catheter placement, left or right pulmonary artery	03/11/21	

## MaineCare COVID-19 Billing Codes

36015	0320, 0329, 0340, 0341, 0342, 0349, 0350, 0352, 0359, 0360, 0361, 0409, 0450, 0490, 0510, 0514, 0515, 0516, 0517, 0519	Selective catheter placement, segmental or subsegmental pulmonary artery	03/11/21	
36215	0320, 0329, 0340, 0341, 0342, 0349, 0350, 0352, 0359, 0360, 0361, 0409, 0450, 0490, 0510, 0514, 0515, 0516, 0517, 0519	Selective catheter placement, arterial system; each first order thoracic or brachiocephalic branch, within a vascular family	03/11/21	
36216	0320, 0329, 0340, 0341, 0342, 0349, 0350, 0352, 0359, 0360, 0361, 0409, 0450, 0490, 0510, 0514, 0515, 0516, 0517, 0519	Selective catheter placement, arterial system; initial second order thoracic or brachiocephalic branch, within a vascular family	03/11/21	
36217	0320, 0329, 0340, 0341, 0342, 0349, 0350, 0352, 0359, 0360, 0361, 0409, 0450, 0490, 0510, 0514, 0515, 0516, 0517, 0519	Selective catheter placement, arterial system; initial third order or more selective thoracic or brachiocephalic branch, within a vascular family	03/11/21	
36218	0320, 0329, 0340, 0341, 0342, 0349, 0350, 0352, 0359, 0360, 0361, 0409, 0450, 0490, 0510, 0514, 0515, 0516, 0517, 0519	Selective catheter placement, arterial system; additional second order, third order, and beyond, thoracic or brachiocephalic branch, within a vascular family (List in addition to code for initial second or third order vessel as appropriate)	03/11/21	
36400	0360, 0361, 0450, 0490, 0510, 0514, 0515, 0516, 0517, 0519, 0521, 0761	Venipuncture, younger than age 3 years, necessitating the skill of a physician or other qualified health care professional, not to be used for routine venipuncture; femoral or jugular vein	03/11/21	

## MaineCare COVID-19 Billing Codes

36410	0360, 0361, 0450, 0490, 0510, 0514, 0515, 0516, 0517, 0519, 0521, 0761	Venipuncture, age 3 years or older, necessitating the skill of a physician or other qualified health care professional (separate procedure), for diagnostic or therapeutic purposes (not to be used for routine venipuncture)	03/11/21	
36415	0300, 0360, 0361, 0450, 0510, 0519	Collection of venous blood by venipuncture	03/11/21	
36416	0300, 0360, 0361, 0450, 0510, 0514, 0515	Collection of capillary blood specimen (eg, finger, heel, ear stick)	03/11/21	
36420	0360, 0361, 0450, 0490, 0510, 0514, 0515, 0516, 0517, 0519, 0761	Venipuncture, cutdown; younger than age 1 year	03/11/21	
36425	0360, 0361, 0450, 0490, 0510, 0514, 0515, 0516, 0517, 0519, 0761	Venipuncture, cutdown; age 1 or over	03/11/21	
36555	0360, 0361, 0450, 0452, 0456, 0459, 0490, 0510, 0514, 0515, 0516, 0517, 0519, 0761	Insertion of non-tunneled centrally inserted central venous catheter; younger than 5 years of age	03/11/21	
36557	0360, 0361, 0450, 0452, 0456, 0459, 0490, 0510, 0514, 0515, 0516, 0517, 0519, 0761	Insertion of tunneled centrally inserted central venous catheter, without subcutaneous port or pump; younger than 5 years of age	03/11/21	
36568	0360, 0361, 0450, 0452, 0456, 0459, 0490, 0510, 0514, 0515, 0516, 0517, 0519, 0761	Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, without imaging guidance; younger than 5 years of age	03/11/21	
36572	0320, 0360, 0361, 0450, 0510, 0515, 0516, 0516, 0517, 0519, 0761	Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, including all imaging guidance, image documentation, and all associated radiological supervision and interpretation required to perform the insertion; younger than 5 years of age	03/11/21	

## MaineCare COVID-19 Billing Codes

36573	0320, 0360, 0361, 0450, 0510, 0515, 0516, 0516, 0517, 0519, 0761	Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, including all imaging guidance, image documentation, and all associated radiological supervision and interpretation required to perform the insertion; age 5 years or older	03/11/21	
62270	0320, 0329, 0340, 0341, 0342, 0349, 0350, 0351, 0352, 0359, 0360, 0361, 0450, 0490, 0510, 0514, 0515, 0516, 0517, 0519	Spinal puncture, lumbar, diagnostic	03/11/21	
62328	0320, 0350, 0360, 0361, 0450, 0510, 0519, 0520, 0529, 0761	Spinal puncture, lumbar, diagnostic; with fluoroscopic or CT guidance	03/11/21	
70450	0350, 0351, 0359	Computed tomography, head or brain; without contrast material	03/11/21	
70460	0350, 0351, 0359	Computed tomography, head or brain; with contrast material(s)	03/11/21	
70470	0350, 0351, 0359	Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections	03/11/21	
70543	0610, 0614	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s), followed by contrast material(s) and further sequences	03/11/21	
70551	0610, 0611	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	03/11/21	
70552	0610, 0611	Magnetic resonance (eg, proton) imaging, brain (including brain stem); with contrast material(s)	03/11/21	
70553	0610, 0611	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further sequences	03/11/21	
71047	0320, 0324	Radiologic examination, chest; 3 views	03/11/21	
71048	0320, 0324	Radiologic examination, chest; 4 or more views	03/11/21	
71260	0350, 0352, 0359	Computed tomography, thorax, diagnostic; with contrast material(s)	03/11/21	
71270	0350, 0352, 0359	Computed tomography, thorax, diagnostic; without contrast material, followed by contrast material(s) and further sections	03/11/21	
71275	0350, 0352, 0359	Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	03/11/21	
71550	0610, 0614	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)	03/11/21	

## MaineCare COVID-19 Billing Codes

71551	0610, 0614	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); with contrast material(s)	03/11/21	
71552	0610, 0614	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s), followed by contrast material(s) and further sequences	03/11/21	
71555	0610, 0618	Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s)	03/11/21	
72270	0320, 0329	Myelography, 2 or more regions (eg, lumbar/thoracic, cervical/thoracic, lumbar/cervical, lumbar/thoracic/cervical), radiological supervision and interpretation	03/11/21	
74175	0350, 0352, 0359	Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing	03/11/21	
74176	0350, 0352, 0359	Computed tomography, abdomen and pelvis; without contrast material	03/11/21	
74177	0350, 0352, 0359	Computed tomography, abdomen and pelvis; with contrast material(s)	03/11/21	
74178	0350, 0352, 0359	Computed tomography, abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	03/11/21	
76380	0350, 0351, 0352, 0359	Computed tomography, limited or localized follow-up study	03/11/21	
76705	0402	Ultrasound, abdominal, real time with image documentation; limited (eg, single organ, quadrant, follow-up)	03/11/21	
76770	0402	Ultrasound, retroperitoneal (eg, renal, aorta, nodes), real time with image documentation; complete	03/11/21	
77001	0320, 0329, 0402	Fluoroscopic guidance for central venous access device placement, replacement (catheter only or complete), or removal (includes fluoroscopic guidance for vascular access and catheter manipulation, any necessary contrast injections through access site or catheter with related venography radiologic supervision and interpretation, and radiographic documentation of final catheter position) (List separately in addition to code for primary procedure)	03/11/21	
78451	0340, 0341, 0349	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	03/11/21	



## MaineCare COVID-19 Billing Codes

78452	0340, 0341, 0349	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	03/11/21	
78453	0340, 0341, 0349	Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	03/11/21	
78454	0340, 0341, 0349	Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	03/11/21	
78579	0340, 0341, 0349	Pulmonary ventilation imaging (eg, aerosol or gas)	03/11/21	
78580	0340, 0341, 0349	Pulmonary perfusion imaging (eg, particulate)	03/11/21	
78582	0340, 0341, 0349	Pulmonary ventilation (eg, aerosol or gas) and perfusion imaging	03/11/21	
78597	0340, 0341, 0349	Quantitative differential pulmonary perfusion, including imaging when performed	03/11/21	
78598	0340, 0341, 0349	Quantitative differential pulmonary perfusion and ventilation (eg, aerosol or gas), including imaging when performed	03/11/21	
80050	0300, 0301, 0309	General health panel This panel must include the following: Comprehensive metabolic panel (80053) Blood count, complete (CBC), automated and automated differential WBC count (85025 or 85027 and 85004) OR Blood count, complete (CBC), automated (85027) and appropriate manual differential WBC count (85007 or 85009) Thyroid stimulating hormone (TSH) (84443)	03/11/21	
80198	0300, 0301, 0309	Theophylline	03/11/21	
81000	0300, 0307	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; non-automated, with microscopy	03/11/21	
81001	0300, 0307	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; automated, with microscopy	03/11/21	
81002	0300, 0307	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; non-automated, without microscopy	03/11/21	

## MaineCare COVID-19 Billing Codes

81003	0300, 0307	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; automated, without microscopy	03/11/21	
81005	0300, 0307	Urinalysis; qualitative or semiquantitative, except immunoassays	03/11/21	
81007	0300, 0307	Urinalysis; bacteriuria screen, except by culture or dipstick	03/11/21	
81015	0300, 0307	Urinalysis; microscopic only	03/11/21	
82271	0300, 0301, 0309	Blood, occult, by peroxidase activity (eg, guaiac), qualitative; other sources	03/11/21	
82274	0300, 0301, 0309	Blood, occult, by fecal hemoglobin determination by immunoassay, qualitative, feces, 1-3 simultaneous determinations	03/11/21	
82595	0300, 0301, 0309	Cryoglobulin, qualitative or semi-quantitative (eg, cryocrit)	03/11/21	
82800	0300, 0301, 0309	Gases, blood, pH only	03/11/21	
82803	0300, 0301, 0309	Gases, blood, any combination of pH, pCO <sub>2</sub> , pO <sub>2</sub> , CO <sub>2</sub> , HCO <sub>3</sub> (including calculated O <sub>2</sub> saturation)	03/11/21	
82805	0300, 0301, 0309	Gases, blood, any combination of pH, pCO <sub>2</sub> , pO <sub>2</sub> , CO <sub>2</sub> , HCO <sub>3</sub> (including calculated O <sub>2</sub> saturation); with O <sub>2</sub> saturation, by direct measurement, except pulse oximetry	03/11/21	
82810	0300, 0301, 0309	Gases, blood, O <sub>2</sub> saturation only, by direct measurement, except pulse oximetry	03/11/21	
82820	0300, 0301, 0309	Hemoglobin-oxygen affinity (pO <sub>2</sub> for 50% hemoglobin saturation with oxygen)	03/11/21	
82947	0300, 0301, 0309, 0770	Glucose; quantitative, blood (except reagent strip)	03/11/21	
82948	0300, 0301, 0309	Glucose; blood, reagent strip	03/11/21	
82962	0300, 0301, 0309	Glucose, blood by glucose monitoring device(s) cleared by the FDA specifically for home use	03/11/21	
84156	0300, 0301, 0309	Protein, total, except by refractometry; urine	03/11/21	
84165	0300, 0301, 0309	Protein; electrophoretic fractionation and quantitation, serum	03/11/21	
84166	0300, 0301, 0309	Protein; electrophoretic fractionation and quantitation, other fluids with concentration (eg, urine, CSF)	03/11/21	
84181	0300, 0301, 0309	Protein; Western Blot, with interpretation and report, blood or other body fluid	03/11/21	
84436	0300, 0301, 0309	Thyroxine; total	03/11/21	
84439	0300, 0301, 0309	Thyroxine; free	03/11/21	
84443	0300, 0301, 0309	Thyroid stimulating hormone (TSH)	03/11/21	
84479	0300, 0301, 0309	Thyroid hormone (T <sub>3</sub> or T <sub>4</sub> ) uptake or thyroid hormone binding ratio (THBR)	03/11/21	
84481	0300, 0301, 0309	Triiodothyronine T <sub>3</sub> ; free	03/11/21	
84482	0300, 0301, 0309	Triiodothyronine T <sub>3</sub> ; reverse	03/11/21	

## MaineCare COVID-19 Billing Codes

85002	0300, 0305, 0309	Bleeding time	03/11/21	
85004	0300, 0305, 0309	Blood count; automated differential WBC count	03/11/21	
85007	0300, 0305, 0309	Blood count; blood smear, microscopic examination with manual differential WBC count	03/11/21	
85008	0300, 0305, 0309	Blood count; blood smear, microscopic examination without manual differential WBC count	03/11/21	
85009	0300, 0305, 0309	Blood count; manual differential WBC count, buffy coat	03/11/21	
85014	0300, 0305, 0309	Blood count; hematocrit (Hct)	03/11/21	
85027	0300, 0305, 0309	Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count)	03/11/21	
85032	0300, 0305, 0309	Blood count; manual cell count (erythrocyte, leukocyte, or platelet) each	03/11/21	
85041	0300, 0305, 0309	Blood count; red blood cell (RBC), automated	03/11/21	
85048	0300, 0305, 0309	Blood count; leukocyte (WBC), automated	03/11/21	
85380	0300, 0305, 0309	Fibrin degradation products, D-dimer; ultrasensitive (eg, for evaluation for venous thromboembolism), qualitative or semiquantitative	03/11/21	
85651	0300, 0305, 0309	Sedimentation rate, erythrocyte; non-automated	03/11/21	
85652	0300, 0305, 0309	Sedimentation rate, erythrocyte; automated	03/11/21	
85730	0300, 0305, 0309	Thromboplastin time, partial (PTT); plasma or whole blood	03/11/21	
86140	0300, 0302, 0309	C-reactive protein	03/11/21	
86689	0300, 0302, 0309	Antibody; HTLV or HIV antibody, confirmatory test (eg, Western Blot)	03/11/21	
86701	0300, 0302, 0309	Antibody; HIV-1	03/11/21	
86702	0300, 0302, 0309	Antibody; HIV-2	03/11/21	
86703	0300, 0302, 0309	Antibody; HIV-1 and HIV-2, single result	03/11/21	
86850	0300, 0302, 0309	Antibody screen, RBC, each serum technique	03/11/21	
86860	0300, 0302, 0309	Antibody elution (RBC), each elution	03/11/21	
86870	0300, 0302, 0309	Antibody identification, RBC antibodies, each panel for each serum technique	03/11/21	
86885	0300, 0302, 0309	Antihuman globulin test (Coombs test); indirect, qualitative, each reagent red cell	03/11/21	
86886	0300, 0302, 0309	Antihuman globulin test (Coombs test); indirect, each antibody titer	03/11/21	
86900	0300, 0309, 0390	Blood typing, serologic; ABO	03/11/21	
86901	0300, 0309, 0390	Blood typing, serologic; Rh (D)	03/11/21	
86902	0300, 0309, 0390	Blood typing, serologic; antigen testing of donor blood using reagent serum, each antigen test	03/11/21	
86904	0300, 0309, 0390	Blood typing, serologic; antigen screening for compatible unit using patient serum, per unit screened	03/11/21	
86905	0300, 0309, 0390	Blood typing, serologic; RBC antigens, other than ABO or Rh (D), each	03/11/21	
86906	0300, 0309, 0390	Blood typing, serologic; Rh phenotyping, complete	03/11/21	

## MaineCare COVID-19 Billing Codes

86920	0300, 0309, 0390	Compatibility test each unit; immediate spin technique	03/11/21	
86921	0300, 0309, 0390	Compatibility test each unit; incubation technique	03/11/21	
86922	0300, 0309, 0390	Compatibility test each unit; antiglobulin technique	03/11/21	
86923	0300, 0309, 0390	Compatibility test each unit; electronic	03/11/21	
86945	0300, 0309, 0390	Irradiation of blood product, each unit	03/11/21	
86950	0300, 0309	Leukocyte transfusion	03/11/21	
86960	0300, 0309, 0390	Volume reduction of blood or blood product (eg, red blood cells or platelets), each unit	03/11/21	
86970	0300, 0309, 0390	Pretreatment of RBCs for use in RBC antibody detection, identification, and/or compatibility testing; incubation with chemical agents or drugs, each	03/11/21	
86971	0300, 0309, 0390	Pretreatment of RBCs for use in RBC antibody detection, identification, and/or compatibility testing; incubation with enzymes, each	03/11/21	
86972	0300, 0309, 0390	Pretreatment of RBCs for use in RBC antibody detection, identification, and/or compatibility testing; by density gradient separation	03/11/21	
86975	0300, 0302, 0309	Pretreatment of serum for use in RBC antibody identification; incubation with drugs, each	03/11/21	
86976	0300, 0302, 0309, 0390	Pretreatment of serum for use in RBC antibody identification; by dilution	03/11/21	
86977	0300, 0302, 0309, 0390	Pretreatment of serum for use in RBC antibody identification; incubation with inhibitors, each	03/11/21	
86978	0300, 0302, 0309, 0390	Pretreatment of serum for use in RBC antibody identification; by differential red cell absorption using patient RBCs or RBCs of known phenotype, each absorption	03/11/21	
87070	0300, 0306, 0309	Culture, bacterial; any other source except urine, blood or stool, aerobic, with isolation and presumptive identification of isolates	03/11/21	
87071	0300, 0306, 0309	Culture, bacterial; quantitative, aerobic with isolation and presumptive identification of isolates, any source except urine, blood or stool	03/11/21	
87073	0300, 0306, 0309	Culture, bacterial; quantitative, anaerobic with isolation and presumptive identification of isolates, any source except urine, blood or stool	03/11/21	
87081	0300, 0306, 0309	Culture, presumptive, pathogenic organisms, screening only	03/11/21	
87084	0300, 0306, 0309	Culture, presumptive, pathogenic organisms, screening only; with colony estimation from density chart	03/11/21	
87086	0300, 0306, 0309	Culture, bacterial; quantitative colony count, urine	03/11/21	
87088	0300, 0306, 0309	Culture, bacterial; with isolation and presumptive identification of each isolate, urine	03/11/21	
87181	0300, 0306, 0309	Susceptibility studies, antimicrobial agent; agar dilution method, per agent (eg, antibiotic gradient strip)	03/11/21	

## MaineCare COVID-19 Billing Codes

87184	0300, 0306, 0309	Susceptibility studies, antimicrobial agent; disk method, per plate (12 or fewer agents)	03/11/21	
87186	0300, 0306, 0309	Susceptibility studies, antimicrobial agent; microdilution or agar dilution (minimum inhibitory concentration [MIC] or breakpoint), each multi-antimicrobial, per plate	03/11/21	
87187	0300, 0306, 0309	Susceptibility studies, antimicrobial agent; microdilution or agar dilution, minimum lethal concentration (MLC), each plate (List separately in addition to code for primary procedure)	03/11/21	
87188	0300, 0306, 0309	Susceptibility studies, antimicrobial agent; macrobroth dilution method, each agent	03/11/21	
87230	0300, 0306, 0309	Toxin or antitoxin assay, tissue culture (eg, Clostridium difficile toxin)	03/11/21	
87252	0300, 0306, 0309	Virus isolation; tissue culture inoculation, observation, and presumptive identification by cytopathic effect	03/11/21	
87253	0300, 0306, 0309	Virus isolation; tissue culture, additional studies or definitive identification (eg, hemabsorption, neutralization, immunofluorescence stain), each isolate	03/11/21	
87280	0300, 0306, 0309	Infectious agent antigen detection by immunofluorescent technique; respiratory syncytial virus	03/11/21	
87324	0300, 0306, 0309	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; Clostridium difficile toxin(s)	03/11/21	
87390	0300, 0302, 0309, 0390	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; HIV-1	03/11/21	
87391	0300, 0302, 0309, 0390	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; HIV-2	03/11/21	
87420	0300, 0306, 0309	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; respiratory syncytial virus	03/11/21	

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87483	0300, 0306	Infectious agent detection by nucleic acid (DNA or RNA); central nervous system pathogen (eg, Neisseria meningitidis, Streptococcus pneumoniae, Listeria, Haemophilus influenzae, E. coli, Streptococcus agalactiae, enterovirus, human parechovirus, herpes simplex virus type 1 and 2, human herpesvirus 6, cytomegalovirus, varicella zoster virus, Cryptococcus), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 12-25 targets	03/11/21	
87485	0300, 0306, 0309	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia pneumoniae, direct probe technique	03/11/21	
87486	0300, 0306, 0309	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia pneumoniae, amplified probe technique	03/11/21	
87487	0300, 0306, 0309	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia pneumoniae, quantification	03/11/21	
87503	0300, 0306, 0309	Infectious agent detection by nucleic acid (DNA or RNA); influenza virus, for multiple types or sub-types, includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, each additional influenza virus type or sub-type beyond 2 (List separately in addition to code for primary procedure)	03/11/21	
87534	0300, 0306, 0309	Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, direct probe technique	03/11/21	
87535	0300, 0306, 0309	Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, amplified probe technique, includes reverse transcription when performed	03/11/21	
87537	0300, 0306, 0309	Infectious agent detection by nucleic acid (DNA or RNA); HIV-2, direct probe technique	03/11/21	
87538	0300, 0306, 0309	Infectious agent detection by nucleic acid (DNA or RNA); HIV-2, amplified probe technique, includes reverse transcription when performed	03/11/21	
87580	0300, 0306, 0309	Infectious agent detection by nucleic acid (DNA or RNA); Mycoplasma pneumoniae, direct probe technique	03/11/21	
87581	0300, 0306, 0309	Infectious agent detection by nucleic acid (DNA or RNA); Mycoplasma pneumoniae, amplified probe technique	03/11/21	
87582	0300, 0306, 0309	Infectious agent detection by nucleic acid (DNA or RNA); Mycoplasma pneumoniae, quantification	03/11/21	
87631	0300, 0306	Infectious agent detection by nucleic acid (DNA or RNA); respiratory virus (eg, adenovirus, influenza virus, coronavirus, metapneumovirus, parainfluenza virus, respiratory syncytial virus, rhinovirus), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 3-5 targets	03/11/21	

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87632	0300, 0306	Infectious agent detection by nucleic acid (DNA or RNA); respiratory virus (eg, adenovirus, influenza virus, coronavirus, metapneumovirus, parainfluenza virus, respiratory syncytial virus, rhinovirus), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 6-11 targets	03/11/21	
87633	0300, 0306	Infectious agent detection by nucleic acid (DNA or RNA); respiratory virus (eg, adenovirus, influenza virus, coronavirus, metapneumovirus, parainfluenza virus, respiratory syncytial virus, rhinovirus), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 12-25 targets	03/11/21	
87634	0306	Infectious agent detection by nucleic acid (DNA or RNA); respiratory syncytial virus, amplified probe technique	03/11/21	
87801	0300, 0306, 0309	Infectious agent detection by nucleic acid (DNA or RNA), multiple organisms; amplified probe(s) technique	03/11/21	
87803	0300, 0306, 0309	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; Clostridium difficile toxin A	03/11/21	
87807	0300, 0306, 0309	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; respiratory syncytial virus	03/11/21	
89050	0300, 0309	Cell count, miscellaneous body fluids (eg, cerebrospinal fluid, joint fluid), except blood	03/11/21	
89051	0300, 0309	Cell count, miscellaneous body fluids (eg, cerebrospinal fluid, joint fluid), except blood; with differential count	03/11/21	
89055	0300, 0309	Leukocyte assessment, fecal, qualitative or semiquantitative	03/11/21	
90378	0636	Respiratory syncytial virus, monoclonal antibody, recombinant, for intramuscular use, 50 mg, each	03/11/21	
92920	0321, 0342, 0360, 0480, 0481	Percutaneous transluminal coronary angioplasty; single major coronary artery or branch	03/11/21	
92921	0321, 0342, 0360, 0480, 0481	Percutaneous transluminal coronary angioplasty; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)	03/11/21	
92924	0321, 0342, 0360, 0480, 0481	Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; single major coronary artery or branch	03/11/21	
92928	0321, 0342, 0360, 0480, 0481	Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch	03/11/21	
92933	0321, 0342, 0360, 0480, 0481	Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch	03/11/21	

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92937	0321, 0342, 0360, 0480, 0481	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed; single vessel	03/11/21	
92941	0360, 0480, 0481	Percutaneous transluminal revascularization of acute total/subtotal occlusion during acute myocardial infarction, coronary artery or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty, including aspiration thrombectomy when performed, single vessel	03/11/21	
92943	0321, 0342, 0360, 0480, 0481	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; single vessel	03/11/21	
92950	0360, 0410, 0419, 0450, 0480, 0489, 0510, 0519	Cardiopulmonary resuscitation (eg, in cardiac arrest)	03/11/21	
92953	0360, 0450, 0480, 0489, 0510, 0519	Temporary transcutaneous pacing	03/11/21	
92960	0360, 0450, 0480, 0489, 0510, 0519	Cardioversion, elective, electrical conversion of arrhythmia; external	03/11/21	
92961	0360, 0450, 0480, 0489, 0510, 0519	Cardioversion, elective, electrical conversion of arrhythmia; internal (separate procedure)	03/11/21	
92970	0480, 0489	Cardioassist-method of circulatory assist; internal	03/11/21	
92971	0480, 0489	Cardioassist-method of circulatory assist; external	03/11/21	
92973	0360, 0361, 0480, 0481	Percutaneous transluminal coronary thrombectomy mechanical (List separately in addition to code for primary procedure)	03/11/21	
92975	0360, 0480, 0481	Thrombolysis, coronary; by intracoronary infusion, including selective coronary angiography	03/11/21	
92977	0360, 0361, 0480, 0481	Thrombolysis, coronary; by intravenous infusion	03/11/21	
92978	0360, 0361, 0402, 0480, 0481	Endoluminal imaging of coronary vessel or graft using intravascular ultrasound (IVUS) or optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report; initial vessel (List separately in addition to code for primary procedure)	03/11/21	



## MaineCare COVID-19 Billing Codes

92979	0360, 0361, 0402, 0480, 0481	Endoluminal imaging of coronary vessel or graft using intravascular ultrasound (IVUS) or optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report; each additional vessel (List separately in addition to code for primary procedure)	03/11/21	
93010	0521, 0985	Electrocardiogram, routine ECG with at least 12 leads; interpretation and report only	03/11/21	
93015	0482, 0985	Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with supervision, interpretation and report	03/11/21	
93016	0482, 0985	Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; supervision only, without interpretation and report	03/11/21	
93017	0482, 0730	Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; tracing only, without interpretation and report	03/11/21	
93018	0482, 0521, 0985	Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; interpretation and report only	03/11/21	
93025	0480, 0489, 0730	Microvolt T-wave alternans for assessment of ventricular arrhythmias	03/11/21	
93040	0730	Rhythm ECG, 1-3 leads; with interpretation and report	03/11/21	
93041	0521, 0730, 0985	Rhythm ECG, 1-3 leads; tracing only without interpretation and report	03/11/21	
93042	0521, 0730, 0985	Rhythm ECG, 1-3 leads; interpretation and report only	03/11/21	
93278	0730, 0731	Signal-averaged electrocardiography (SAECG), with or without ECG	03/11/21	
93306	0483	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, with spectral Doppler echocardiography, and with color flow Doppler echocardiography	03/11/21	
93307	0483	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	03/11/21	
93308	0483	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, follow-up or limited study	03/11/21	
93312	0483	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report	03/11/21	
93313	0483	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); placement of transesophageal probe only	03/11/21	

## MaineCare COVID-19 Billing Codes

93314	0483	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); image acquisition, interpretation and report only	03/11/21	
93318	0483	Echocardiography, transesophageal (TEE) for monitoring purposes, including probe placement, real time 2-dimensional image acquisition and interpretation leading to ongoing (continuous) assessment of (dynamically changing) cardiac pumping function and to therapeutic measures on an immediate time basis	03/11/21	
93320	0483	Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for echocardiographic imaging); complete	03/11/21	
93321	0483	Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for echocardiographic imaging); follow-up or limited study (List separately in addition to codes for echocardiographic imaging)	03/11/21	
93325	0483	Doppler echocardiography color flow velocity mapping (List separately in addition to codes for echocardiography)	03/11/21	
93350	0483	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report	03/11/21	
93351	0483	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; including performance of continuous electrocardiographic monitoring, with supervision by a physician or other qualified health care professional	03/11/21	
93352	0483	Use of echocardiographic contrast agent during stress echocardiography (List separately in addition to code for primary procedure)	03/11/21	
93451	0481	Right heart catheterization including measurement(s) of oxygen saturation and cardiac output, when performed	03/11/21	
93452	0481	Left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed	03/11/21	
93453	0481	Combined right and left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed	03/11/21	

## MaineCare COVID-19 Billing Codes

93454	0481	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation	03/11/21	
93455	0481	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography	03/11/21	
93456	0481	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right heart catheterization	03/11/21	
93457	0481	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography and right heart catheterization	03/11/21	
93458	0481	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed	03/11/21	
93459	0481	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography	03/11/21	
93460	0481	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed	03/11/21	
93461	0481	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography	03/11/21	

## MaineCare COVID-19 Billing Codes

93462	0481	Left heart catheterization by transseptal puncture through intact septum or by transapical puncture (List separately in addition to code for primary procedure)	03/11/21	
93463	0481	Pharmacologic agent administration (eg, inhaled nitric oxide, intravenous infusion of nitroprusside, dobutamine, milrinone, or other agent) including assessing hemodynamic measurements before, during, after and repeat pharmacologic agent administration, when performed (List separately in addition to code for primary procedure)	03/11/21	
93503	0481	Insertion and placement of flow directed catheter (eg, Swan-Ganz) for monitoring purposes	03/11/21	
93505	0481	Endomyocardial biopsy	03/11/21	
93561	0481	Indicator dilution studies such as dye or thermodilution, including arterial and/or venous catheterization; with cardiac output measurement (separate procedure)	03/11/21	
93562	0481	Indicator dilution studies such as dye or thermodilution, including arterial and/or venous catheterization; subsequent measurement of cardiac output	03/11/21	
93565	0481	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective left ventricular or left atrial angiography (List separately in addition to code for primary procedure)	03/11/21	
93566	0481	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective right ventricular or right atrial angiography (List separately in addition to code for primary procedure)	03/11/21	
93567	0481	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for supravascular aortography (List separately in addition to code for primary procedure)	03/11/21	
93568	0481	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for pulmonary angiography (List separately in addition to code for primary procedure)	03/11/21	
93571	0480, 0481	Intravascular Doppler velocity and/or pressure derived coronary flow reserve measurement (coronary vessel or graft) during coronary angiography including pharmacologically induced stress; initial vessel (List separately in addition to code for primary procedure)	03/11/21	
93572	0480, 0481	Intravascular Doppler velocity and/or pressure derived coronary flow reserve measurement (coronary vessel or graft) during coronary angiography including pharmacologically induced stress; each additional vessel (List separately in addition to code for primary procedure)	03/11/21	

## MaineCare COVID-19 Billing Codes

93609	0480, 0481	Intraventricular and/or intra-atrial mapping of tachycardia site(s) with catheter manipulation to record from multiple sites to identify origin of tachycardia (List separately in addition to code for primary procedure)	03/11/21	
93610	0480, 0481	Intra-atrial pacing	03/11/21	
93612	0480, 0481	Intraventricular pacing	03/11/21	
93613	0480, 0481	Intracardiac electrophysiologic 3-dimensional mapping (List separately in addition to code for primary procedure)	03/11/21	
93618	0480, 0481	Induction of arrhythmia by electrical pacing	03/11/21	
93619	0480	Comprehensive electrophysiologic evaluation with right atrial pacing and recording, right ventricular pacing and recording, His bundle recording, including insertion and repositioning of multiple electrode catheters, without induction or attempted induction of arrhythmia	03/11/21	
93620	0480	Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with right atrial pacing and recording, right ventricular pacing and recording, His bundle recording	03/11/21	
93621	0480, 0481	Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with left atrial pacing and recording from coronary sinus or left atrium (List separately in addition to code for primary procedure)	03/11/21	
93622	0480, 0481	Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with left ventricular pacing and recording (List separately in addition to code for primary procedure)	03/11/21	
93623	0480, 0481	Programmed stimulation and pacing after intravenous drug infusion (List separately in addition to code for primary procedure)	03/11/21	
93624	0480	Electrophysiologic follow-up study with pacing and recording to test effectiveness of therapy, including induction or attempted induction of arrhythmia	03/11/21	
93631	0480, 0481	Intra-operative epicardial and endocardial pacing and mapping to localize the site of tachycardia or zone of slow conduction for surgical correction	03/11/21	
93650	0480, 0481	Intracardiac catheter ablation of atrioventricular node function, atrioventricular conduction for creation of complete heart block, with or without temporary pacemaker placement	03/11/21	

93653	0480, 0481	Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia with right atrial pacing and recording, right ventricular pacing and recording (when necessary), and His bundle recording (when necessary) with intracardiac catheter ablation of arrhythmogenic focus; with treatment of supraventricular tachycardia by ablation of fast or slow atrioventricular pathway, accessory atrioventricular connection, cavo-tricuspid isthmus or other single atrial focus or source of atrial re-entry	03/11/21	
93654	0480, 0481	Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia with right atrial pacing and recording, right ventricular pacing and recording (when necessary), and His bundle recording (when necessary) with intracardiac catheter ablation of arrhythmogenic focus; with treatment of ventricular tachycardia or focus of ventricular ectopy including intracardiac electrophysiologic 3D mapping, when performed, and left ventricular pacing and recording, when performed	03/11/21	
93655	0480, 0481	Intracardiac catheter ablation of a discrete mechanism of arrhythmia which is distinct from the primary ablated mechanism, including repeat diagnostic maneuvers, to treat a spontaneous or induced arrhythmia (List separately in addition to code for primary procedure)	03/11/21	
93656	0480, 0481	Comprehensive electrophysiologic evaluation including transseptal catheterizations, insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia including left or right atrial pacing/recording when necessary, right ventricular pacing/recording when necessary, and His bundle recording when necessary with intracardiac catheter ablation of atrial fibrillation by pulmonary vein isolation	03/11/21	
93657	0480, 0481	Additional linear or focal intracardiac catheter ablation of the left or right atrium for treatment of atrial fibrillation remaining after completion of pulmonary vein isolation (List separately in addition to code for primary procedure)	03/11/21	
93662	0480, 0482	Intracardiac echocardiography during therapeutic/diagnostic intervention, including imaging supervision and interpretation (List separately in addition to code for primary procedure)	03/11/21	
93797	0943	Physician or other qualified health care professional services for outpatient cardiac rehabilitation; without continuous ECG monitoring (per session)	03/11/21	
93798	0943	Physician or other qualified health care professional services for outpatient cardiac rehabilitation; with continuous ECG monitoring (per session)	03/11/21	
93978	0921, 0929	Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; complete study	03/11/21	

## MaineCare COVID-19 Billing Codes

93979	0921, 0929	Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; unilateral or limited study	03/11/21	
94002	0410, 0419	Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; hospital inpatient/observation, initial day	03/11/21	
94003	0410, 0419	Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; hospital inpatient/observation, each subsequent day	03/11/21	
94010	0460, 0469	Spirometry, including graphic record, total and timed vital capacity, expiratory flow rate measurement(s), with or without maximal voluntary ventilation	03/11/21	
94011	0460, 0469	Measurement of spirometric forced expiratory flows in an infant or child through 2 years of age	03/11/21	
94012	0460, 0469	Measurement of spirometric forced expiratory flows, before and after bronchodilator, in an infant or child through 2 years of age	03/11/21	
94013	0460, 0469	Measurement of lung volumes (ie, functional residual capacity [FRC], forced vital capacity [FVC], and expiratory reserve volume [ERV]) in an infant or child through 2 years of age	03/11/21	
94060	0460, 0469	Bronchodilation responsiveness, spirometry as in 94010, pre- and post-bronchodilator administration	03/11/21	
94070	0460, 0469	Bronchospasm provocation evaluation, multiple spirometric determinations as in 94010, with administered agents (eg, antigen[s], cold air, methacholine)	03/11/21	
94150	0460, 0469	Vital capacity, total (separate procedure)	03/11/21	
94200	0460, 0469	Maximum breathing capacity, maximal voluntary ventilation	03/11/21	
94375	0460, 0469	Respiratory flow volume loop	03/11/21	
94450	0460, 0469	Breathing response to hypoxia (hypoxia response curve)	03/11/21	
94610	0460, 0469	Intrapulmonary surfactant administration by a physician or other qualified health care professional through endotracheal tube	03/11/21	
94621	0460, 0469, 0482	Cardiopulmonary exercise testing, including measurements of minute ventilation, CO2 production, O2 uptake, and electrocardiographic recordings	03/11/21	
94640	0410, 0412, 0419	Pressurized or nonpressurized inhalation treatment for acute airway obstruction for therapeutic purposes and/or for diagnostic purposes such as sputum induction with an aerosol generator, nebulizer, metered dose inhaler or intermittent positive pressure breathing (IPPB) device	03/11/21	
94644	0410, 0412, 0419	Continuous inhalation treatment with aerosol medication for acute airway obstruction; first hour	03/11/21	

## MaineCare COVID-19 Billing Codes

94645	0410, 0412, 0419	Continuous inhalation treatment with aerosol medication for acute airway obstruction; each additional hour (List separately in addition to code for primary procedure)	03/11/21	
94660	0410, 0412, 0419	Continuous positive airway pressure ventilation (CPAP), initiation and management	03/11/21	
94662	0410, 0412, 0419	Continuous negative pressure ventilation (CNP), initiation and management	03/11/21	
94664	0410, 0412, 0419	Demonstration and/or evaluation of patient utilization of an aerosol generator, nebulizer, metered dose inhaler or IPPB device	03/11/21	
94667	0410, 0412, 0419	Manipulation chest wall, such as cupping, percussing, and vibration to facilitate lung function; initial demonstration and/or evaluation	03/11/21	
94668	0410, 0412, 0419	Manipulation chest wall, such as cupping, percussing, and vibration to facilitate lung function; subsequent	03/11/21	
94669	0410, 0412, 0419	Mechanical chest wall oscillation to facilitate lung function, per session	03/11/21	
94726	0460, 0469	Plethysmography for determination of lung volumes and, when performed, airway resistance	03/11/21	
94727	0460, 0469	Gas dilution or washout for determination of lung volumes and, when performed, distribution of ventilation and closing volumes	03/11/21	
94728	0460, 0469	Airway resistance by oscillometry	03/11/21	
94729	0460, 0469	Diffusing capacity (eg, carbon monoxide, membrane) (List separately in addition to code for primary procedure)	03/11/21	
94760	0460, 0469	Noninvasive ear or pulse oximetry for oxygen saturation; single determination	03/11/21	
94761	0460, 0469	Noninvasive ear or pulse oximetry for oxygen saturation; multiple determinations (eg, during exercise)	03/11/21	
94762	0460, 0469	Noninvasive ear or pulse oximetry for oxygen saturation; by continuous overnight monitoring (separate procedure)	03/11/21	
95924	0922, 0929	Testing of autonomic nervous system function; combined parasympathetic and sympathetic adrenergic function testing with at least 5 minutes of passive tilt	03/11/21	
95943	0922, 0929	Simultaneous, independent, quantitative measures of both parasympathetic function and sympathetic function, based on time-frequency analysis of heart rate variability concurrent with time-frequency analysis of continuous respiratory activity, with mean heart rate and blood pressure measures, during rest, paced (deep) breathing, Valsalva maneuvers, and head-up postural change	03/11/21	



## MaineCare COVID-19 Billing Codes

96365	0260, 0361, 0450, 0510, 0511, 0514, 0515, 0516, 0517, 0519, 0520, 0523, 0526, 0529, 0920, 0940,	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour	03/11/21	
96366	0260, 0361, 0450, 0510, 0511, 0514, 0515, 0516, 0517, 0519, 0520, 0523, 0526, 0529, 0920, 0940,	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); each additional hour (List separately in addition to code for primary procedure)	03/11/21	
96367	0260, 0361, 0450, 0510, 0511, 0514, 0515, 0516, 0517, 0519, 0520, 0523, 0526, 0529, 0920, 0940,	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); additional sequential infusion of a new drug/substance, up to 1 hour (List separately in addition to code for primary procedure)	03/11/21	
96368	0260, 0361, 0450, 0510, 0511, 0514, 0515, 0516, 0517, 0519, 0520, 0523, 0526, 0529, 0920, 0940,	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); concurrent infusion (List separately in addition to code for primary procedure)	03/11/21	
96369	0260, 0361, 0450, 0510, 0511, 0514, 0515, 0516, 0517, 0519, 0520, 0523, 0526, 0529, 0920, 0940,	Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); initial, up to 1 hour, including pump set-up and establishment of subcutaneous infusion site(s)	03/11/21	
96370	0260, 0361, 0450, 0510, 0511, 0514, 0515, 0516, 0517, 0519, 0520, 0523, 0526, 0529, 0920, 0940,	Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); each additional hour (List separately in addition to code for primary procedure)	03/11/21	

## MaineCare COVID-19 Billing Codes

96371	0260, 0361, 0450, 0510, 0511, 0514, 0515, 0516, 0517, 0519, 0520, 0523, 0526, 0529, 0920, 0940,	Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); additional pump set-up with establishment of new subcutaneous infusion site(s) (List separately in addition to code for primary procedure)	03/11/21	
96372	0260, 0361, 0450, 0510, 0511, 0514, 0515, 0516, 0517, 0519, 0520, 0523, 0526, 0529, 0761, 0920, 0940,	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular	03/11/21	
96373	0260, 0361, 0450, 0510, 0511, 0514, 0515, 0516, 0517, 0519, 0520, 0523, 0526, 0529, 0920, 0940,	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intra-arterial	03/11/21	
96377	0360, 0361, 0450, 0510, 0515, 0516, 0517, 0519, 0761, 0920, 0940	Application of on-body injector (includes cannula insertion) for timed subcutaneous injection	03/11/21	
96521	0260, 0335, 0450, 0510, 0514, 0515, 0516, 0517, 0519, 0761, 0940, 0949	Refilling and maintenance of portable pump	03/11/21	
96522	0260, 0335, 0450, 0510, 0514, 0515, 0516, 0517, 0519, 0761, 0940, 0949	Refilling and maintenance of implantable pump or reservoir for drug delivery, systemic (eg, intravenous, intra-arterial)	03/11/21	
96523	0260, 0335, 0450, 0510, 0514, 0515, 0516, 0517, 0519, 0761, 0940, 0949	Irrigation of implanted venous access device for drug delivery systems	03/11/21	

99234	0657, 0762, 0987	Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date, which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) requiring admission are of low severity. Typically, 40 minutes are spent at the bedside and on the patient's hospital floor or unit.	03/11/21	
99235	0657, 0762, 0987	Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) requiring admission are of moderate severity. Typically, 50 minutes are spent at the bedside and on the patient's hospital floor or unit.	03/11/21	
99236	0657, 0762, 0987	Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) requiring admission are of high severity. Typically, 55 minutes are spent at the bedside and on the patient's hospital floor or unit.	03/11/21	
99238	0657, 0987	Hospital discharge day management; 30 minutes or less	03/11/21	
99239	0657, 0987	Hospital discharge day management; more than 30 minutes	03/11/21	
99354	0450, 0452, 0456, 0459, 0510, 0512, 0513, 0514, 0515, 0516, 0517, 0519, 0520, 0526, 0529, 0657, 0761, 0900	Prolonged service(s) in the outpatient setting requiring direct patient contact beyond the time of the usual service; first hour (List separately in addition to code for outpatient Evaluation and Management or psychotherapy service, except with office or other outpatient services [99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215])	03/11/21	

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99355	0450, 0452, 0456, 0459, 0510, 0512, 0513, 0514, 0515, 0516, 0517, 0519, 0520, 0526, 0529, 0657, 0761, 0900	Prolonged service(s) in the outpatient setting requiring direct patient contact beyond the time of the usual service; each additional 30 minutes (List separately in addition to code for prolonged service)	03/11/21	
99356	0987	Prolonged service in the inpatient or observation setting, requiring unit/floor time beyond the usual service; first hour (List separately in addition to code for inpatient or observation Evaluation and Management service)	03/11/21	
99357	0987	Prolonged service in the inpatient or observation setting, requiring unit/floor time beyond the usual service; each additional 30 minutes (List separately in addition to code for prolonged service)	03/11/21	
99358	0450, 0452, 0456, 0459, 0510, 0520, 0657, 0960, 0969, 0981, 0982, 0983, 0987, 0988	Prolonged evaluation and management service before and/or after direct patient care; first hour	03/11/21	
99359	0450, 0452, 0456, 0459, 0510, 0512, 0513, 0514, 0515, 0516, 0517, 0519, 0520, 0529, 0657, 0960, 0969, 0981	Prolonged evaluation and management service before and/or after direct patient care; each additional 30 minutes (List separately in addition to code for prolonged service)	03/11/21	
99446	0988	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 5-10 minutes of medical consultative discussion and review	03/11/21	
99447	0988	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 11-20 minutes of medical consultative discussion and review	03/11/21	
99448	0988	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 21-30 minutes of medical consultative discussion and review	03/11/21	

## MaineCare COVID-19 Billing Codes

99449	0988	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 31 minutes or more of medical consultative discussion and review	03/11/21	
99451	0988	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician, including a written report to the patient's treating/requesting physician or other qualified health care professional, 5 minutes or more of medical consultative time	03/11/21	
99452	0988	Interprofessional telephone/Internet/electronic health record referral service(s) provided by a treating/requesting physician or other qualified health care professional, 30 minutes	03/11/21	
99454	0456, 0510, 0516, 0517, 0519, 0520, 0920	Remote monitoring of physiologic parameter(s) (eg, weight, blood pressure, pulse oximetry, respiratory flow rate), initial; device(s) supply with daily recording(s) or programmed alert(s) transmission, each 30 days	03/11/21	
99465	0722, 0724, 0987	Delivery/birthing room resuscitation, provision of positive pressure ventilation and/or chest compressions in the presence of acute inadequate ventilation and/or cardiac output	03/11/21	
99468	0987	Initial inpatient neonatal critical care, per day, for the evaluation and management of a critically ill neonate, 28 days of age or younger	03/11/21	
99469	0987	Subsequent inpatient neonatal critical care, per day, for the evaluation and management of a critically ill neonate, 28 days of age or younger	03/11/21	
99471	0987	Initial inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 29 days through 24 months of age	03/11/21	
99472	0987	Subsequent inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 29 days through 24 months of age	03/11/21	
99475	0987	Initial inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 2 through 5 years of age	03/11/21	
99476	0987	Subsequent inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 2 through 5 years of age	03/11/21	
99479	0987	Subsequent intensive care, per day, for the evaluation and management of the recovering low birth weight infant (present body weight of 1500-2500 grams)	03/11/21	
99480	0987	Subsequent intensive care, per day, for the evaluation and management of the recovering infant (present body weight of 2501-5000 grams)	03/11/21	

## MaineCare COVID-19 Billing Codes

99485	0450, 0981	Supervision by a control physician of interfacility transport care of the critically ill or critically injured pediatric patient, 24 months of age or younger, includes two-way communication with transport team before transport, at the referring facility and during the transport, including data interpretation and report; first 30 minutes	03/11/21	
99486	0450, 0981	Supervision by a control physician of interfacility transport care of the critically ill or critically injured pediatric patient, 24 months of age or younger, includes two-way communication with transport team before transport, at the referring facility and during the transport, including data interpretation and report; each additional 30 minutes (List separately in addition to code for primary procedure)	03/11/21	
99495	0510, 0512, 0513, 0514, 0515, 0517, 0519, 0520, 0521	Transitional Care Management Services with the following required elements:  Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge Medical decision making of at least moderate complexity during the service period Face-to-face visit, within 14 calendar days of discharge	03/11/21	
99496	0510, 0512, 0513, 0514, 0515, 0517, 0519, 0520, 0521	Transitional Care Management Services with the following required elements:  Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge Medical decision making of high complexity during the service period Face-to-face visit, within 7 calendar days of discharge	03/11/21	
99497	0510, 0512, 0513, 0514, 0515, 0517, 0519, 0520, 0521, 0770, 0969	Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; first 30 minutes, face-to-face with the patient, family member(s), and/or surrogate	03/11/21	
99601	0550, 0551, 0552, 0559, 0570, 0571, 0572, 0579, 0580, 0581, 0582, 0583, 0589, 0590	Home infusion/specialty drug administration, per visit (up to 2 hours)	03/11/21	
99602	0550, 0551, 0552, 0559, 0570, 0571, 0572, 0579	Home infusion/specialty drug administration, per visit (up to 2 hours); each additional hour (List separately in addition to code for primary procedure)	03/11/21	

## MaineCare COVID-19 Billing Codes

0466T	0360, 0361, 0450, 0510, 0515, 0516, 0517, 0519, 0761	Insertion of chest wall respiratory sensor electrode or electrode array, including connection to pulse generator (List separately in addition to code for primary procedure)	03/11/21	
A4218	0272	Sterile saline or water, metered dose dispenser, 10 ml	03/11/21	
A4483	0272	Moisture exchanger, disposable, for use with invasive mechanical ventilation	03/11/21	
A4605	0271, 0294	Tracheal suction catheter, closed system, each	03/11/21	
A4615	0271, 0294	Cannula, nasal	03/11/21	
A4616	0271, 0294	Tubing (oxygen), per foot	03/11/21	
A4617	0271, 0294	Mouth piece	03/11/21	
A4618	0271, 0294	Breathing circuits	03/11/21	
A4619	0271, 0294	Face tent	03/11/21	
A4620	0271, 0294	Variable concentration mask	03/11/21	
A4624	0271, 0294	Tracheal suction catheter, any type other than closed system, each	03/11/21	
A4627	0271	Spacer, bag or reservoir, with or without mask, for use with metered dose inhaler	03/11/21	
A4628	0271, 0294	Oropharyngeal suction catheter, each	03/11/21	
A4657	0272, 0822, 0832, 0842, 0852	Syringe, with or without needle, each	03/11/21	
A4928	0822, 0832, 0842, 0852	Surgical mask, per 20	03/11/21	
A4931	0272, 0822, 0832, 0842, 0852	Oral thermometer, reusable, any type, each	03/11/21	
A4932	0294	Rectal thermometer, reusable, any type, each	03/11/21	
A7508	0274	Housing and integrated adhesive, for use in a tracheostoma heat and moisture exchange system and/or with a tracheostoma valve, each	03/11/21	
A7509	0274	Filter holder and integrated filter housing, and adhesive, for use as a tracheostoma heat and moisture exchange system, each	03/11/21	
C1751	0278	Catheter, infusion, inserted peripherally, centrally or midline (other than hemodialysis)	03/11/21	
E0424	0271, 0601, 0602, 0603	Stationary compressed gaseous oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing	03/11/21	
E0431	0271, 0601, 0602, 0603	Portable gaseous oxygen system, rental; includes portable container, regulator, flowmeter, humidifier, cannula or mask, and tubing	03/11/21	
E0434	0271, 0601, 0602, 0603	Portable liquid oxygen system, rental; includes portable container, supply reservoir, humidifier, flowmeter, refill adaptor, contents gauge, cannula or mask, and tubing	03/11/21	

## MaineCare COVID-19 Billing Codes

E0439	0271, 0601, 0602, 0603	Stationary liquid oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, & tubing	03/11/21	
E0441	0271, 0601, 0602, 0603	Stationary oxygen contents, gaseous, 1 month's supply = 1 unit	03/11/21	
E0442	0271, 0601, 0602, 0603	Stationary oxygen contents, liquid, 1 month's supply = 1 unit	03/11/21	
E0443	0271, 0601, 0602, 0603	Portable oxygen contents, gaseous, 1 month's supply = 1 unit	03/11/21	
E0444	0271, 0601, 0602, 0603	Portable oxygen contents, liquid, 1 month's supply = 1 unit	03/11/21	
E0445	0271, 0601, 0602, 0603	Oximeter device for measuring blood oxygen levels noninvasively	03/11/21	
E0455	0271, 0294	Oxygen tent, excluding croup or pediatric tents	03/11/21	
E0465	0271, 0294	Home ventilator, any type, used with invasive interface, (e.g., tracheostomy tube)	03/11/21	
E0466	0271, 0294	Home ventilator, any type, used with non-invasive interface, (e.g., mask, chest shell)	03/11/21	
E0467	0292	Home ventilator, multi-function respiratory device, also performs any or all of the additional functions of oxygen concentration, drug nebulization, aspiration, and cough stimulation, includes all accessories, components and supplies for all functions	03/11/21	
E0470	0271, 0291, 0292, 0293	Respiratory assist device, bi-level pressure capability, without backup rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)	03/11/21	
E0471	0271, 0291, 0292, 0293	Respiratory assist device, bi-level pressure capability, with back-up rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)	03/11/21	
E0472	0271, 0291, 0292, 0293	Respiratory assist device, bi-level pressure capability, with backup rate feature, used with invasive interface, e.g., tracheostomy tube (intermittent assist device with continuous positive airway pressure device)	03/11/21	
E0500	0271, 0291, 0292, 0293	IPPB machine, all types, with built-in nebulization; manual or automatic valves; internal or external power source	03/11/21	
E0550	0271, 0291, 0292, 0293	Humidifier, durable for extensive supplemental humidification during IPPB treatments or oxygen delivery	03/11/21	
E0555	0271, 0291, 0292, 0293	Humidifier, durable, glass or autoclavable plastic bottle type, for use with regulator or flowmeter	03/11/21	
E0560	0271, 0291, 0292, 0293	Humidifier, durable for supplemental humidification during IPPB treatment or oxygen delivery	03/11/21	



## MaineCare COVID-19 Billing Codes

E0565	0271, 0291, 0292, 0293	Compressor, air power source for equipment which is not self- contained or cylinder driven	03/11/21	
E0570	0271, 0291, 0292, 0293	Nebulizer, with compressor	03/11/21	
E0572	0271, 0291, 0292, 0293	Aerosol compressor, adjustable pressure, light duty for intermittent use	03/11/21	
E0574	0271, 0291, 0292, 0293	Ultrasonic/electronic aerosol generator with small volume nebulizer	03/11/21	
E0575	0271, 0291, 0292, 0293	Nebulizer, ultrasonic, large volume	03/11/21	
E0580	0271, 0291, 0292, 0293	Nebulizer, durable, glass or autoclavable plastic, bottle type, for use with regulator or flowmeter	03/11/21	
E0585	0271, 0291, 0292, 0293	Nebulizer, with compressor and heater	03/11/21	
E0600	0271, 0291, 0292, 0293	Respiratory suction pump, home model, portable or stationary, electric	03/11/21	
E0605	0271, 0291, 0292, 0293	Vaporizer, room type	03/11/21	
E1352	0271, 0294	Oxygen accessory, flow regulator capable of positive inspiratory pressure	03/11/21	
E1353	0271, 0294, 0600, 0601, 0602, 0603, 0604, 0609	Regulator	03/11/21	
E1372	0271, 0294, 0600, 0601, 0602, 0603, 0604, 0609	Immersion external heater for nebulizer	03/11/21	
E1390	0271, 0294, 0600, 0601, 0602, 0603, 0604, 0609	Oxygen concentrator, single delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate	03/11/21	
E1391	0271, 0294, 0600, 0601, 0602, 0603, 0604, 0609	Oxygen concentrator, dual delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate, each	03/11/21	
E1392	0271, 0294, 0600, 0601, 0602, 0603, 0604, 0609	Portable oxygen concentrator, rental	03/11/21	
E2208	0271, 0294	Wheelchair accessory, cylinder tank carrier, each	03/11/21	
K0730	0271, 0294	Controlled dose inhalation drug delivery system	03/11/21	

## MaineCare COVID-19 Billing Codes

K0738	0271, 0291, 0292, 0293, 0600, 0601, 0602, 0603, 0604, 0609, 0946	Portable gaseous oxygen system, rental; home compressor used to fill portable oxygen cylinders; includes portable containers, regulator, flowmeter, humidifier, cannula or mask, and tubing	03/11/21	
G0008	0771	Administration of influenza virus vaccine	03/11/21	
G0009	0771	Administration of pneumococcal vaccine	03/11/21	
G0466	0521, 0522, 0524, 0525, 0527, 0528	Federally qualified health center (FQHC) visit, new patient; a medically-necessary, face-to-face encounter (one-on-one) between a new patient and a FQHC practitioner during which time one or more FQHC services are rendered and includes a typical bundle of Medicare-covered services that would be furnished per diem to a patient receiving a FQHC visit	03/11/21	
G0467	0521, 0522, 0524, 0525, 0527, 0528	Federally qualified health center (FQHC) visit, established patient; a medically-necessary, face-to-face encounter (one-on-one) between an established patient and a FQHC practitioner during which time one or more FQHC services are rendered and includes a typical bundle of Medicare-covered services that would be furnished per diem to a patient receiving a FQHC visit	03/11/21	
G2212	0510, 0513, 0516, 0517, 0519, 0520, 0526, 0529	Prolonged office or other outpatient evaluation and management service(s) beyond the maximum required time of the primary procedure which has been selected using total time on the date of the primary service; each additional 15 minutes by the physician or qualified healthcare professional, with or without direct patient contact (list separately in addition to CPT codes 99205, 99215 for office or other outpatient evaluation and management services) (do not report g2212 on the same date of service as 99354, 99355, 99358, 99359, 99415, 99416). (do not report g2212 for any time unit less than 15 minutes)	03/11/21	
J0278	0250, 0636	Injection, amikacin sulfate, 100 mg	03/11/21	
J0290	0250, 0636	Injection, ampicillin sodium, 500 mg	03/11/21	
J0295	0250, 0636	Injection, ampicillin sodium/sulbactam sodium, per 1.5 gm	03/11/21	
J0740	0250, 0636	Injection, cidofovir, 375 mg	03/11/21	
J1180	0250, 0636	Injection, dyphylline, up to 500 mg	03/11/21	
J1335	0250, 0636	Injection, ertapenem sodium, 500 mg	03/11/21	
J1364	0636	Injection, erythromycin lactobionate, per 500 mg	03/11/21	
J1459	0636	Injection, immune globulin (Privigen), intravenous, non-lyophilized (e.g., liquid), 500 mg	03/11/21	
J1460	0636	Injection, gamma globulin, intramuscular, 1 cc	03/11/21	
J1556	0636	Injection, immune globulin (bivigam), 500 mg	03/11/21	
J1559	0636	Injection, immune globulin (Hizentra), 100 mg	03/11/21	

## MaineCare COVID-19 Billing Codes

J1560	0636	Injection, gamma globulin, intramuscular, over 10 cc	03/11/21	
J1561	0636	Injection, immune globulin, (Gamunex-C/Gammaked), non-lyophilized (e.g., liquid), 500 mg	03/11/21	
J1562	0636	Injection, immune globulin (Vivaglobin), 100 mg	03/11/21	
J1566	0636	Injection, immune globulin, intravenous, lyophilized (e.g., powder), not otherwise specified, 500 mg	03/11/21	
J1568	0636	Injection, immune globulin, (Octagam), intravenous, non-lyophilized (e.g., liquid), 500 mg	03/11/21	
J1569	0636	Injection, immune globulin, (Gammagard liquid), non-lyophilized, (e.g., liquid), 500 mg	03/11/21	
J1572	0636	Injection, immune globulin, (Flebogamma/Flebogamma Dif), intravenous, non-lyophilized (e.g., liquid), 500 mg	03/11/21	
J1575	0636	Injection, immune globulin/hyaluronidase, (HYQVIA), 100 mg immunoglobulin	03/11/21	
J1580	0250, 0636	Injection, garamycin, gentamicin, up to 80 mg	03/11/21	
J1840	0250, 0636	Injection, kanamycin sulfate, up to 500 mg	03/11/21	
J1850	0636	Injection, kanamycin sulfate, up to 75 mg	03/11/21	
J2010	0250, 0636	Injection, lincomycin HCl, up to 300 mg	03/11/21	
J2250	0250, 0636	Injection, midazolam hydrochloride, per 1 mg	03/11/21	
J2510	0250, 0636	Injection, penicillin G procaine, aqueous, up to 600, 000 units	03/11/21	
J2540	0250, 0636	Injection, penicillin G potassium, up to 600, 000 units	03/11/21	
J2543	0250, 0636	Injection, piperacillin sodium/tazobactam sodium, 1 gram/0.125 grams (1.125 grams)	03/11/21	
J2545	0636	Pentamidine isethionate, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, per 300 mg	03/11/21	
J2700	0250, 0636	Injection, oxacillin sodium, up to 250 mg	03/11/21	
J2810	0250, 0636	Injection, theophylline, per 40 mg	03/11/21	
J3000	0250, 0636	Injection, streptomycin, up to 1 gm	03/11/21	
J3105	0250, 0636	Injection, terbutaline sulfate, up to 1 mg	03/11/21	
J3260	0250, 0636	Injection, tobramycin sulfate, up to 80 mg	03/11/21	
J3285	0636	Injection, treprostinil, 1 mg	03/11/21	
J3320	0636	Injection, spectinomycin dihydrochloride, up to 2 gm	03/11/21	
J7510	0250, 0636	Prednisolone oral, per 5 mg	03/11/21	
J7512	0250, 0636	Prednisone, immediate release or delayed release, oral, 1 mg	03/11/21	
J7604	0294	Acetylcysteine, inhalation solution, compounded product, administered through DME, unit dose form, per gram	03/11/21	
J7608	0294	Acetylcysteine, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, per gram	03/11/21	

## MaineCare COVID-19 Billing Codes

J7609	0294	Albuterol, inhalation solution, compounded product, administered through DME, unit dose, 1 mg	03/11/21	
J7610	0294	Albuterol, inhalation solution, compounded product, administered through DME, concentrated form, 1 mg	03/11/21	
J7611	0294	Albuterol, inhalation solution, FDA-approved final product, non-compounded, administered through DME, concentrated form, 1 mg	03/11/21	
J7612	0294	Levalbuterol, inhalation solution, FDA-approved final product, non-compounded, administered through DME, concentrated form, 0.5 mg	03/11/21	
J7613	0294	Albuterol, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose, 1 mg	03/11/21	
J7614	0294	Levalbuterol, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose, 0.5 mg	03/11/21	
J7615	0294	Levalbuterol, inhalation solution, compounded product, administered through DME, unit dose, 0.5 mg	03/11/21	
J7620	0294	Albuterol, up to 2.5 mg and ipratropium bromide, up to 0.5 mg, FDA-approved final product, non-compounded, administered through DME	03/11/21	
J7626	0294	Budesonide, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, up to 0.5 mg	03/11/21	
J7627	0294	Budesonide, inhalation solution, compounded product, administered through DME, unit dose form, up to 0.5 mg	03/11/21	
J7631	0294	Cromolyn sodium, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, per 10 milligrams	03/11/21	
J7632	0294	Cromolyn sodium, inhalation solution, compounded product, administered through DME, unit dose form, per 10 milligrams	03/11/21	
J7639	0294	Dornase alfa, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, per milligram	03/11/21	
J7640	0636	Formoterol, inhalation solution, compounded product, administered through DME, unit dose form, 12 micrograms	03/11/21	
J7642	0294	Glycopyrrolate, inhalation solution, compounded product, administered through DME, concentrated form, per milligram	03/11/21	
J7643	0294	Glycopyrrolate, inhalation solution, compounded product, administered through DME, unit dose form, per milligram	03/11/21	
J7644	0294	Ipratropium bromide, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, per milligram	03/11/21	
J7645	0294	Ipratropium bromide, inhalation solution, compounded product, administered through DME, unit dose form, per milligram	03/11/21	
J7650	0294	Isoetharine HCl, inhalation solution, compounded product, administered through DME, unit dose form, per milligram	03/11/21	

## MaineCare COVID-19 Billing Codes

J7667	0294	Metaproterenol sulfate, inhalation solution, compounded product, concentrated form, per 10 milligrams	03/11/21	
J7668	0294	Metaproterenol sulfate, inhalation solution, FDA-approved final product, non-compounded, administered through DME, concentrated form, per 10 milligrams	03/11/21	
J7669	0294	Metaproterenol sulfate, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, per 10 milligrams	03/11/21	
J7670	0294	Metaproterenol sulfate, inhalation solution, compounded product, administered through DME, unit dose form, per 10 milligrams	03/11/21	
J7682	0294	Tobramycin, inhalation solution, FDA-approved final product, non-compounded, unit dose form, administered through DME, per 300 milligrams	03/11/21	
J7685	0294	Tobramycin, inhalation solution, compounded product, administered through DME, unit dose form, per 300 milligrams	03/11/21	
Q5108	0636	Injection, pegfilgrastim-jmdb, biosimilar, (fulphila), 0.5 mg	03/11/21	
Q5110	0636	Injection, filgrastim-aafi, biosimilar, (nivestym), 1 microgram	03/11/21	
S8096	0290, 0292, 0299	Portable peak flow meter	03/11/21	